

COUNCIL COMMUNICATION

Department: Public Works Ordinance No. _____ First Reading January 11, 2009
Case/Project No.: _____ Resolution No. 10-15
Applicant: Greg Reeder, Public Works Director

SUBJECT/TITLE

Consideration of a resolution authorizing the Mayor to execute a license for decorative flags or banners with MidAmerican Energy Co. and approval of the Policy and Procedure for Neighborhood Decorative Flags or Banners.

BACKGROUND/DISCUSSION

- Two neighborhoods associates have inquired on how neighborhood banners can be displayed on power poles.
- MAE has a license document which allows a private party to mount banners on power poles. The agreement requires the licensee to:
 - Have written MAE approval of the specific locations
 - Have MAE approval of the specific decoration or attachment
 - Hold MAE harmless against claims arising out of the attachments
 - Requires the licensee to observe appropriate safety practices during installation
 - Requires licensee to maintain insurance with MAE named additional insured
 - Any direct costs to MAE will be reimbursed by licensee
- After discussions with MAE, Public Works is recommending to city council that the city execute a general License for Decorative Flags or Banners with MAE rather than each neighborhood associates signing an agreement with MAE. This is to provide greater control over how and what is attached to power poles. It is also difficult for neighborhood associations to get the insurance coverage. MAE concurs with this recommendation.
- The Policy and procedure for Neighborhood Decorative Flags or Banners is attached.
- The Lincoln/Fairview Neighborhood Association has requested authorization for banners to be placed in that neighborhood. Approval of the proposed Policy and Procedure and MAE agreement will allow the neighborhood association's request to be processed for approval.

RECOMMENDATION

Approval of the resolution to execute the License for Decorative Flags or Banners with MidAmerican Energy and to approve the Policy and Procedure for Neighborhood Decorative Flags or Banners.

Approved by: Greg Reeder, Public Works Director

POLICY AND PROCEDURE NEIGHBORHOOD DECORATIVE FLAGS OR BANNERS

The policy and procedure will provide for the City of Council Bluffs (City) MidAmerican Energy (MAE) and participating Neighborhood Associations (NA) to jointly and cooperatively install decorative flags or banners on MAE owned utility poles.

POLICY:

I. Responsibilities:

A. MAE will

1. Execute a general license with the City to allow the City to install banners/flags on utility poles at locations to be determined on a case by case basis.
2. Review the requested locations of banners/flags and approve, deny, or modify in writing those requests.

B. City will

1. Execute a general license with MAE for the installations of banners/flags on MAE owned utility poles at locations to be determined on a case by case basis. The City will be responsible for the MAE required insurance coverage for the banners/flags.
2. Install or cause to be installed and/or removed the banners/flags and support brackets at MAE approved locations. City labor and equipment will be furnished at no cost to the NA.

C. NA will

1. Execute a license agreement with the City for the installation of banners/flags at MAE approved locations. The cost of said license to NA is \$100 or the most current established cost for said license. The term of the license will be as specified in the license.
2. Supply the banners/flags and support brackets at no cost to the City or MAE.
3. Be responsible for any costs incurred by MAE or any expenses by the City outside of the City labor and equipment for processing the request, installing or removing the banners/flags and support brackets.

II. Terms and Conditions:

- A. Only formally and legally established NA may request banners/flags be installed.
- B. The banners/flags and support brackets shall be of a size, shape, color, content, and material acceptable to the City and MAE. The City and MAE shall have the right to deny any request from a NA.
- C. The banners/flags must be of a quality such that the banners/flags will remain in good condition for at least 2 years. Once the banners/flags are installed the NA may not make an additional request for banner/flags for at least 2 years.

The City will not remove and reinstall banners/flags on a seasonal or special event basis.

- D. Banners/flags in poor condition will be removed by the City.
- E. MAE and the City reserve the right to remove the banners/flags for any reason and/or terminate the license with the NA.
- F. The Public Works Department may modify this policy and procedure as needed.

PROCEDURE:

Banners/Flags may not be placed on MAE utility poles unless the City has in place a License for Decorative Flags or Banners with MAE.

Step 1:

A written request for banners/flags will be made by a NA. The request will provide pole locations, support bracket details, and banner/flag specifications.

Step 2:

The City will consult with MAE on the request.

Step 3:

The City, MAE, and NA will meet at the requested site locations to verify the feasibility of the installations.

Step 4:

If the NA is part of a locally designated Historic District the City Historic Preservation Commission must approve the installation prior to final City approval.

Step 5:

If approved by the City and MAE, the NA will execute the City License for Decorative Banners or Flags.

Step 6:

The NA will provide the banners/flags and support brackets to the City for installations by the City. Prior to installation the NA will reimburse the City for any MAE costs billed to the City and any out-of-pocket expenses the City has or may incur associated with the banners/flags.

CITY LICENSE FOR DECORATIVE FLAGS OR BANNERS

THIS LICENSE granted this _____ day of _____, 20____, by the
City of Council Bluffs, Iowa, a Municipal Corporation, hereinafter referred to as "City" to the
_____Neighborhood Association_____, hereinafter referred to as "Licensee".

WITNESSETH:

WHEREAS, Licensee requests permission to place decorative banners or flags on
MidAmerican Energy owned power poles within the established association boundaries of the
neighborhood

WHEREAS, The City has a License agreement with MidAmerican Energy for the
placement of banners/flags, on utility poles; and

WHEREAS, The City and the Licensee has written authorization from Mid American
Energy for the specific locations of these banners/flags, depicted as Exhibit A..

NOW, THEREFORE, it is agreed as follows:

1. City hereby grants a license to the Licensee to allow the placement of banners/flags at
locations as depicted on Exhibit A. The Banners/Flags shall be in conformance with details and
specifications, as depicted on Exhibit B.
2. Licensee, in consideration of the granting of said license, agrees to furnish at its cost,
the Banners/Flags and support brackets, and reimburse the City for any costs from MidAmerican
Energy billed to the city, and any out-of-pocket expenses incurred or to be incurred by the city.
3. As further consideration, Licensee agrees to indemnify and hold harmless the City and
its agents from any and all causes of action, suits at law or in equity, or losses, damages, claims,
or demands, and from any and all liability and expense of whatever nature, for, on account of, or

due to the acts or omissions of the Licensee's officers, members, agents, representative, contractors, employees or assigns arising out of or in connection with its use of this license.

4. As further consideration, Licensee agrees that it shall not interfere with City's maintenance or use of the right-of-way.

5. As further consideration, the Licensee agrees that the initial term of this license, not to exceed two (2) years commences on _____, 20____, and ends on December 31, 20____. The Licensee agrees that the renewal term of this license is one (1) year, commencing on January 1 and ending on December 31, and unless notice is received to the contrary, it shall renew automatically.

6. As further consideration, the Licensee agrees that the city may terminate this license for good cause upon the giving of 30 days written notice.

7. If it is determined by the Director of Public Works that an emergency exists which requires the use of the subject property, this license may be terminated without notice.

8. As further consideration, the Licensee agrees that, upon the termination of this license, all improvements on the subject property shall become the property of the city. The Licensee shall have no claim against the city for the value or cost of said improvement.

9. As further consideration, the Licensee agrees to pay a one time fee of \$100.00.

IN WITNESS of these considerations and as an authorized representative of Licensee by virtue of _____, I have affixed by signature below.

Name

Title

STATE OF IOWA)
 COUNTY OF) ss.
 POTTAWATTAMIE)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared _____, to me personally known, who, being by me duly sworn, did say that he/she is the _____ of Licensee; that said instrument was signed on behalf of said Licensee, and that said _____, as such officer, acknowledged the execution of said instrument to be the voluntary act and deed of Licensee, by it and by him/her voluntarily executed.

NOTARY PUBLIC

THE CITY OF COUNCIL BLUFFS, IOWA,
a Municipal Corporation:

Public Works Director

Approved By:

City Attorney

STATE OF IOWA)
COUNTY OF)ss.
POTTAWATTAMIE)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared _____ and _____, to me personally known, who, being by me duly sworn, did say that they are the Public Works Director and City Attorney, respectively, of the City of Council Bluffs, Iowa, a Municipal Corporation; that said instrument was signed on behalf of the City of Council Bluffs, Iowa, and that said _____ and _____, as such officers acknowledged the execution of said instrument to be the voluntary act and deed of said city, by it and by them voluntarily executed.

NOTARY PUBLIC

LICENSE FOR DECORATIVE FLAGS OR BANNERS

MidAmerican Energy Company ("MidAmerican") grants the City of Council Bluffs, Iowa ("Licensee") a license to use its utility poles ("Facilities") for decorative flags and/or banners, subject to the following:

1. The Facilities included in this License are located in the following described area:

Each specific installation will be approved in writing by MEC prior to installation and shall be subject to the terms of this agreement.

2. Licensee shall meet with MidAmerican Distribution Operations personnel to seek approval of the decorations, attachment materials and placement prior to affixing decorations. Approval of a plan by MidAmerican is not a warranty that the attachments can be done in a safe manner, all risk remaining with Licensee.

3. Licensee shall indemnify and hold harmless MidAmerican, its parent, subsidiary and affiliated companies and its and their agents, officers and employees from and against any loss or damage to the Facilities, all claims, actions, suits, proceedings, costs, expenses, damages and liabilities (including legal expense and incidental and consequential damages) arising out of or connected with the use or condition (including all defects whether or not discoverable by either party) of the Facilities during the license period.

4. MidAmerican must emphasize the presence of its electric wires and Facilities and the potentially dangerous nature of electricity. Licensee shall notify its agents, servants, employees and all others who are involved with work in the area of MidAmerican's Facilities of the potentially dangerous nature of electricity and the need to notify MidAmerican prior to using equipment in any area where work cannot be performed safely. Licensee shall notify MidAmerican, Attention: Distribution Operations, in writing in the event that Licensee determines that the installation of decorative flags and/or banners cannot be performed safely in the area of MidAmerican's electric lines or Facilities. Licensee, its agents, servants, employees and all others will cease work and notify MidAmerican so that appropriate measures may be taken to avoid a potentially hazardous situation.

5. Licensee shall maintain insurance with MidAmerican named as additional insured, to cover all risks in paragraph 4 and shall provide a copy of the insurance certificate to MidAmerican upon execution of this License. The coverage and limits are specified on Exhibit A, attached hereto and incorporated herein by this reference.

6. Licensee acknowledges that MIDAMERICAN MAKES NO WARRANTY OR REPRESENTATION, EXPRESS OR IMPLIED, AS TO THE FITNESS, DESIGN, OR CONDITION OF THE FACILITIES OR THEIR FITNESS FOR ANY PARTICULAR PURPOSE. MIDAMERICAN HAS AGREED TO ALLOW LICENSEE TO USE AND

LICENSEE UNDERSTANDS THAT THE FACILITIES ARE PROVIDED AS IS, WITH ALL FAULTS.

7. The License shall become effective on the date of its execution and shall continue until terminated by either MidAmerican or Licensee giving the other party thirty (30) days written notice of termination, or immediately without notice if Licensee fails to comply with any provisions of this License. MidAmerican may assign its interests in this License to a successor corporation.

8. All costs of work performed by MidAmerican personnel to install, remove, make ready, make safe or inspect the facilities associated with the Licensee's decorative flags and/or banners shall be reimbursed by the Licensee on a time-and-material basis.

Acceptance of the terms and conditions stated herein is indicated by the authorized person dating and signing in the space provided below.

MidAmerican Energy Company

By _____
Name Typed _____
Title _____

Accepted and agreed to this ____ day of _____, 2009.

Licensee

By _____
Name Typed _____
Title _____
Representing _____

INSURANCE

Prior to the start of the Work, and at all times during the term of the Work and this Contract, the Contractor shall purchase, at its own expense, and maintain with insurance companies in good standing and acceptable to the Company, such insurance as will protect the Contractor from liability and claims for injuries and damages which may arise out of or result from the Contractor's operations under the Contract and for which the Contractor may be legally liable, whether such operations are by the Contractor or by a Subcontractor or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable.

The Company intends that this Contract shall also be one of indemnity, and that such indemnification shall be covered by insurance. For the further protection of the Contractor and the Company, but without restricting or waiving any obligations of the Contractor herein contained, the Contractor shall insure the risks associated with the Work and this Contract with minimum coverages and limits as set forth below:

1. Workers' Compensation Insurance and Occupational Disease Insurance in accordance with statutory requirements of the state and/or Federal Regulations (FELA, USL&H, Jones Act) and Employers' Liability Insurance with limits of not less than:

Bodily Injury by Accident \$500,000 Each Accident
Bodily Injury by Disease \$500,000 Policy Limit
Bodily Injury by Disease \$500,000 Each Employee
covering location of all work places involved in this Contract.

2. The most recently approved ISO Commercial General Liability Insurance policy, or its equivalent, written on an Occurrence Basis, with limits not less than \$1,000,000 per occurrence/\$2,000,000 general aggregate (on a per location and/or per job basis) Bodily Injury and Property Damage, including the following coverages.

- a. Premises and Operations Coverage
- b. Independent Contractor's Coverage
- c. Contractual Liability
- d. Products and Completed Operations Coverage
- e. Coverage for explosion, collapse, and underground property damage
- f. Broad Form Property Damage Liability
- g. Personal Injury Liability, with the contractual exclusion removed
- h. Sudden and Accidental Pollution Liability, as appropriate

3. The most recently approved ISO Business Automobile Liability Insurance policy, or its equivalent, covering owned, hired and non-owned vehicles with limits not less than \$1,000,000

each accident Bodily Injury and Property Damage combined, including Sudden and Accidental Pollution Liability, as appropriate.

4. Umbrella Liability Insurance with a minimum limit of \$5,000,000 each occurrence/ aggregate where applicable to be excess of the coverages and limits required in A (employer's liability only), B and C above. Contractor shall notify Company, if at any time their full umbrella limit is not available during the term of this Contract, and will purchase additional limits, if requested by Company.

The Contractor shall, on or prior to the date Work commences, deliver to the Company certificates of insurance evidencing valid coverage in effect as specified by this Article. All Workers' Compensation, Commercial General Liability and Umbrella Liability policies shall contain provisions that the insurance companies will have no right of recovery or subrogation against the Company, its parent, divisions, affiliates, subsidiary companies, co-lessees, or co-venturers, agents, directors, officers, employees, servants, and insurers, it being the intention of the parties that the insurance as effected shall protect all parties. The Commercial General Liability policy waiver of subrogation endorsement shall be ISO Form CG 24 04 or its equivalent. All required insurance policies shall provide that the policy is primary and will not contribute with any policy carried by Company.

MidAmerican Energy Company, its parent, divisions, affiliates, subsidiary companies, colessees, or co-venturers, agents, directors, officers, employees, and servants shall be named as an additional insured in each of Contractor's insurance policies, except statutory Workers' Compensation. The Commercial General Liability additional insured endorsement shall be ISO Form CG 20 10 or its equivalent.

Any and all deductibles in the above-described insurance policies or inadequacy of limits shall be assumed by, for the account of and at Contractor's sole risk.

No cancellation or material reductions of coverage in the policies shall become effective except on thirty (30) days' written notice thereof to the MidAmerican Energy Company Contract Administrator at the Company's office originating the Contract. For those insurance coverages whereby Company is required to be named as an additional insured, the Contractor shall at any time requested by the Company prior to or during the term of the Work or this Contract, deliver to the Company certified copies of any and all insurance policies so requested. Further, should a loss arise during the term of this Contract that may give rise to a claim against the Contractor, and/or the Company as additional insured, the Contractor shall deliver to the Company, or shall cause its insurers or agents to deliver, certified copies of the policies maintained during the term of the Work or this Contract, if so requested by the Company.

Should the Contractor or its Subcontractors fail to provide or maintain any of the insurance coverages referred to in this Article, the Company shall have the right, but no obligation, to provide or maintain such coverage, or coverage affording equivalent protection, at the Contractor's expense, either by direct charge or set-off.

Company does not represent that the insurance coverages specified herein, whether in scope of

coverage or amounts of coverage, are adequate to protect the obligations of the Contractor, and the Contractor shall be solely responsible for any deficiencies thereof. Nothing in this Article 11 shall be deemed to limit the Contractor's liability under this Contract.

SUBCONTRACTOR'S INSURANCE

Should the Company permit the Contractor to further sublet or subcontract any portion of the Work, the Contractor shall, before permitting any of its Subcontractors to perform any Work at the site, require each Subcontractor to carry insurance with terms and limits similar to that specified in this Contract or provide evidence that such Subcontractors are covered as Named Insureds under the Contractor's insurance coverages as required in this Contract. Prior to the commencement of Work by any Subcontractor, the Contractor shall provide to the Company Certificates of Insurance evidencing that each Subcontractor carries insurance as required by this Contract or evidencing that such Subcontractors are named insureds under the Contractor's insurance coverages. As with the Contractor's insurance coverage, the Company, its parent, divisions, affiliates, subsidiary companies, co-lessees, or co-venturers, agents, directors, officers, employees and servants shall be named as an additional insured on any Subcontractor insurance required by this section.

RESOLUTION
NO 10-15

**RESOLUTION AUTHORIZING THE MAYOR AND CITY CLERK
TO EXECUTE A LICENSE FOR DECORATIVE FLAGS OR BANNERS WITH
MIDAMERICAN ENERGY CO. AND APPROVAL OF THE
POLICY AND PROCEDURE FOR NEIGHBORHOOD DECORATIVE
FLAGS OR BANNERS**

- WHEREAS, Neighborhood Associations have expressed an interest in placing decorative banners or flags on MidAmerican Energy utility poles, and
- WHEREAS, MidAmerican Energy requires a license with the city to allow placement of banners or flags on utility poles, and
- WHEREAS, the Public Works Department proposes a Policy and Procedure for Neighborhood Decorative Flags or Banners.
- WHEREAS, the city council deems approval of said agreement to be in the best interest of the City of Council Bluffs.

NOW, THEREFORE, BE IT RESOLVED
BY THE CITY COUNCIL
OF THE
CITY OF COUNCIL BLUFFS, IOWA

That the Mayor and City Clerk are hereby authorized and directed to execute an agreement with MidAmerican Energy Co. and approves the Policy and Procedure for Neighborhood Decorative Flags or Banners.

ADOPTED
AND
APPROVED

January 11, 2010

Thomas P. Hanafan, Mayor

ATTEST:

Marcia L. Worden, City Clerk

CITY OF COUNCIL BLUFFS, IOWA
INTER-OFFICE MEMO

December 29, 2009

TO: Thomas P. Hanafan, Mayor

FROM: Cindy Lynch, Director of Personnel

SUBJECT: Recommendation for Settlement with AFSCME, Local 2844

Council Communication: 10-16

The City has reached tentative agreement with the AFSCME Blue collar employees for a three year contract covering the time period of July 1, 2010 through June 30, 2013. This would impact 98 full time employees. The major economic changes in the proposed contract are described below:

Wages

Effective Date	7-1-10	7-1-11	7-1-12
Increase	2%	2.5%	2.5%

In addition the longevity benefit will increase effective 7-1-10 in an amount that is equivalent to a .37% wage increase.

Insurance

As part of this agreement the employees will increase their contribution toward the cost of additional dependent coverage from 10% to 12% effective 7-1-11. Their contribution will again increase to 15% effective 7-1-12.

Recommendation

Approval of this three year contract is recommended. I have prepared a resolution that will effectuate these changes.

RESOLUTION NO. 10-16

WHEREAS, the City of Council Bluffs, Iowa is a Public Employer, as defined by the Iowa Public Employment Relations Act; and

WHEREAS, the American Federation of City and County Employees, Local 2844, is an employee organization certified by the Iowa Public Employment Relations Board as the exclusive bargaining representative of a bargaining unit consisting of certain public employees employed by the City of Council Bluffs, Iowa; and

WHEREAS, the respective authorized bargaining representatives of the City of Council Bluffs, Iowa and the American Federation of City and County Employees, Local 2844, have in good faith reached agreement on a proposed collective bargaining agreement concerning wages and other terms and conditions of employment; and

WHEREAS, after study and consideration, and being fully advised in the matter, this City Council deems the approval, acceptance, and ratification of the proposed collective bargaining agreement to be in the best interests of the City of Council Bluffs, Iowa:

NOW, THEREFORE, BE IT RESOLVED

BY THE CITY COUNCIL

OF THE

CITY OF COUNCIL BLUFFS, IOWA:

That the terms and conditions of the proposed collective bargaining agreement for the period beginning July 1, 2010 and ending June 30, 2013 between the City of Council Bluffs, Iowa, and the American Federation of City and County Employees, Local 2844, be and the same is hereby approved and ratified and the Director of Human Resources as the authorized bargaining representative for the City of Council Bluffs, Iowa, is hereby authorized, empowered and directed to execute the agreement.

Adopted
and
Approved

January 11, 2010

Thomas P. Hanafan,

Mayor

Attest: _____

Marcia L. Worden,

City Clerk

Current				
6/1/2010	100,000	3.25%	3,250	
6/1/2011	400,000	3.25%	13,000	
6/1/2012	415,000	3.35%	27,805	
6/1/2013	430,000	3.45%	44,505	
6/1/2014	450,000	3.55%	63,900	
6/1/2015	470,000	3.55%	83,425	
6/1/2016	490,000	3.65%	107,310	
6/1/2017	510,000	3.75%	133,875	
6/1/2018	535,000	3.88%	165,850	
	<u>3,800,000</u>		<u>639,670</u>	
				<u>4,439,670</u>

Proposed by PFM				
6/1/2010	100,000	3.25%	3,250	
6/1/2011	415,000	1.16%	4,814	
6/1/2012	440,000	1.40%	12,320	
6/1/2013	450,000	1.64%	22,140	
6/1/2014	460,000	1.99%	36,616	
6/1/2015	475,000	2.38%	56,525	
6/1/2016	485,000	2.70%	78,570	
6/1/2017	500,000	2.98%	104,300	
6/1/2018	525,000	3.21%	134,820	
	<u>3,850,000</u>		<u>450,105</u>	
				<u>4,300,105</u>

8,186
15,485
22,365
27,284
26,900
28,740
29,575
31,030
189,565

Current				
6/1/2010	100,000	3.25%	3,250	
6/1/2011	400,000	3.25%	13,000	
6/1/2012	415,000	3.35%	27,805	
6/1/2013	430,000	3.45%	44,505	
6/1/2014	450,000	3.55%	63,900	
6/1/2015	470,000	3.55%	83,425	
6/1/2016	490,000	3.65%	107,310	
6/1/2017	510,000	3.75%	133,875	
6/1/2018	535,000	3.88%	165,850	
	<u>3,800,000</u>		<u>639,670</u>	
				<u>4,439,670</u>

Proposed - version 2				
6/1/2010	100,000	3.25%	3,250	
6/1/2011	700,000	1.56%	10,920	
6/1/2012	735,000	1.83%	26,901	
6/1/2013	745,000	2.13%	47,606	
6/1/2014	795,000	2.55%	81,090	
6/1/2015	770,000	2.99%	115,115	
6/1/2016	-	-	-	
6/1/2017	-	-	-	
6/1/2018	-	-	-	
	<u>3,845,000</u>		<u>281,632</u>	
				<u>4,126,632</u>

2,080
904
(3,100)
(17,190)
(31,690)
107,310
133,875
165,850
358,039

313,039

Resolution 10-17

A Resolution authorizing the call and redemption of general obligation bonds for repayment in the amount of the amount of \$1,500,000 on June 1, 2010.

Be it resolved by the City Council of the City of Council Bluffs, Iowa:

Whereas: The City of Council Bluffs issued general obligation bonds with an interest rate of 5.05% in 2000. From that issue, \$1,500,000 is payable on June 1, 2011 and

Whereas: The City of Council Bluffs currently earns significantly less than 5.05% on invested funds, and

Whereas: This bond may be prepaid (called) as early as June 1, 2010, and

Whereas: This bond would have been repaid on June 1, 2011 with property taxes generated by the debt service levy in the fiscal year ending June 30, 2011.

That the City of Council Bluffs authorizes the call and early redemption Series 2000-2 general obligation bonds in the amount of \$1,500,000, and further authorizes an inter-fund transfer from the general fund to the debt service fund on or about June 1, 2010 in an amount not to exceed \$1,500,000 to be repaid in full no later than June 30, 2011.

Adopted
and

Approved: January 11, 2010

Thomas P. Hanafan, Mayor

ATTEST:

Marcia L. Worden, City Clerk

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Charles/Paula Gleckler Paula - 712-323-2010 x 30.
ADDRESS: 7310 Stafford Dr Council Bluffs IA 51503 DAY PHONE: 402-880-4106
DATE & TIME OF LOSS/ACCIDENT: Sometime between 10pm 12/25/09 + 10:30am 12/27/09 DOB: 4-18-59
LOCATION OF LOSS/ACCIDENT: N 34th St between Ave C + Ave D
DESCRIPTION OF LOSS/ACCIDENT: Car hit while parked on street (2009 Ford Fusion)

TOTAL DAMAGES CLAIMED: \$ 1769⁰² plus approx \$40 per day for rental (2-3 days) (USE BACK OF FORM, IF NECESSARY)
WITNESS(ES) (Name(s), Address(es), Phone No(s)): NONE

WAS POLICE REPORT FILED YES ☒ NO ☐

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:
N/A

COUNCIL BLUFFS
CITY CLERK
2010 JAN 5 PM 2:43

HAVE YOU RESUMED NORMAL ACTIVITIES? YES ☒ NO ☐

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY
OTHER RELEVANT INFORMATION: Car titled to Charles Gleckler + Brooke Hertz (our daughter)

When we took car to get estimate they advised damage was ~~caused~~ caused by a plow.

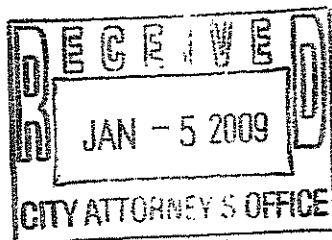
LIST INSURANCE PROVIDER AND COVERAGE: TS Insurance Services / Full Coverage

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY
CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A
FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

DATE 12-31-09

Paula Gleckler
CLAIMANT'S SIGNATURE



Date: 12/30/2009 09:19 AM
 Estimate ID: 9006
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

Your scheduled for repairs on _____
 (this is only used if you actually scheduled your vehicle)

Varn's Body Shop

1604 Avenue "J", Council Bluffs, IA 51501-1055
 (712) 323-7093
 Fax: (712) 323-0567

Damage Assessed By: Dan Varn

Type of Loss: Property Damage
 Date of Loss: 12/28/2009
 Contact Date: 12/28/2009
 Deductible: 0.00
 P.O. Number: 6340
 Claim Number: 9006

Owner: BROOKE HOLTZ
 Address: 323 N 34TH ST, C B, IA 51501
 Telephone: Work Phone:

Home Phone:

Mitchell Service: 910574

Description: 2009 Ford Fusion S
 Body Style: 4D Sed
 VIN: 3FAHP06Z69R126340
 Mileage: 1
 OEM/ALT: A
 Color: BLUE

Drive Train: 2.3L Inj 4 Cyl 5A FWD
 License: 232WYL IA

Search Code: B51501

Options: VEHICLE ANTI-THEFT, PASSENGER AIRBAG, DRIVER SIDE AIRBAG, POWER LOCK
 POWER WINDOW, REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL
 TILT STEERING COLUMN, ANTI-LOCK BRAKE SYS., TIRE INFLATION/PRESSURE MONITOR
 AUXILIARY INPUT, IPOD ADAPTER, CD PLAYER, POWER ADJUSTABLE EXTERIOR MIRROR
 AUTOMATIC TRANSMISSION, FRONT AIR DAM, TINTED GLASS, FIRST ROW BUCKET SEAT
 KEYLESS ENTRY, SECOND ROW FOLDING SEAT, CLOTH SEAT, VARIABLE ASSISTED STEERING
 TACHOMETER, SIDE AIRBAGS, PASSENGER AIRBAG CUTOFF SWITCH/SENSOR
 SIDE HEAD CURTAIN AIRBAGS, REMOTE DECKLID OR TAILGATE RELEASE

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frt Bumper Assy			2.7
2	000001	BDY	REMOVE/REPLACE	Frt Bumper Cover	6ESZ 17D957 CAPTM	520.67	INC
3	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.6
4	000181	BDY	REMOVE/REPLACE	L Fender Panel	6ESZ 16006 AA	198.18	1.6 #
5	AUTO	REF	REFINISH	L Fender Outside			C 2.0
6	AUTO	REF	REFINISH	L Add To Edge Fender			C 0.5
7	000188	BDY	REMOVE/REPLACE	L Fender Liner	6ESZ 16103 A	79.95	INC
8	001739	REF	BLEND	L Frt Door Outside			C 0.9
9	001751	BDY	REMOVE/INSTALL	L Frt Rear View Mirror			INC #
10	001753	BDY	REMOVE/INSTALL	L Frt Otr Belt Moulding			0.9 #
11	001763	BDY	REMOVE/INSTALL	L Frt Otr Door Handle			0.3
12	AUTO	REF	ADD'L OPR	Clear Coat			1.7*
13	AUTO		ADD'L COST	Paint/Materials		231.00 *	

ESTIMATE RECALL NUMBER: 12/28/2009 15:05:05 9006

Mitchell Data Version: OEM: NOV_09_V

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UltraMate Version: 7.0.014

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Page 1 of 3

Date: 12/30/2009 09:19 AM
 Estimate ID: 9006
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell
 5.00 *

14 AUTO ADD'L COST Hazardous Waste Disposal

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

Remarks

DV

Estimate-Totals

f. Labor Subtotals					II. Part Replacement Summary				
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Body	5.5	48.00	0.00	0.00	264.00	T	Taxable Parts		798.80
Refinish	7.7	48.00	0.00	0.00	369.60	T	Sales Tax	@ 7.000%	55.92
Taxable Labor					633.60	Total Replacement Parts Amount			
Labor Tax @ 7.000 %					44.35	854.72			
Labor Summary 13.2					677.95				
III. Additional Costs					Amount	IV. Adjustments			
Taxable Costs					5.00	Insurance Deductible			
Sales Tax @ 7.000%					0.35	Customer Responsibility			
Non-Taxable Costs					231.00	0.00			
Total Additional Costs					236.35				
Paint Material Method: Rates									
Init Rate = 30.00 , Init Max Hours = 99.9, Addl Rate = 0.00									

Date: 12/30/2009 09:19 AM
Estimate ID: 9006
Estimate Version: 0
Preliminary
Profile ID: Mitchell

becomes void if an insurance company or an independent adjuster writes an estimate on this vehicles damage. YOU will be held responsible for loss or damage to said vehicle or articles left in vehicle in case of fire, theft, accident on our lot or causes beyond our control. Old parts are junked unless instructed. Absolutely NO rust repair guarentee. Estimates are good for 90 days.

ESTIMATE RECALL NUMBER: 12/28/2009 15:06:05 9006

Mitchell Data Version: OEM: NOV_09_V

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UltraMate Version: 7.0.014

7.A.



7.A.

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR: CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: STEVEN JENSEN DAY PHONE: 712 323 8154
ADDRESS: 1509 MADISON AVENUE DOB: 11/14/1965

DATE & TIME OF LOSS/ACCIDENT: 12/25/09 (12AM - 6AM)

LOCATION OF LOSS/ACCIDENT: 1509 MADISON AVE

DESCRIPTION OF LOSS/ACCIDENT: CITY SNOWPLOW STRUCK MAILBOX, CAUSING
MAILBOX TO BE BROKEN BEYOND REPAIR AND RENDERED UNUSABLE.
MAILBOX HAD TO BE REPLACED, RECEIPT FOR REPLACEMENT ATTACHED.

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ 62.97

WITNESS(ES) (Name(s), Address(es), Phone No(s)) NONE

WAS POLICE REPORT FILED ____ YES X NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

N/A

HAVE YOU RESUMED NORMAL ACTIVITIES? ____ YES ____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY

OTHER RELEVANT INFORMATION: Receipt Attached. DIGITAL PHOTOS AVAILABLE
UPON REQUEST.

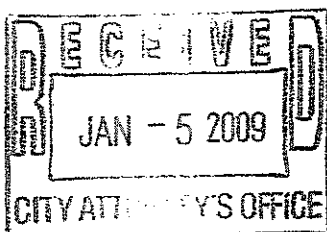
LIST INSURANCE PROVIDER AND COVERAGE: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

DATE 1/4/2010

CLAIMANT'S SIGNATURE



COUNCIL BLUFFS
CITY CLERK
2010 JAN - 5 P 2:43

Use Your  2%
BIG CARD REBATE
MENARDS®

MENARDS - CNCL BLFFS
3200 Manawa Centre Dr
Council Bluffs, IA 51

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 03/26/10



Sale Transaction

20" POLY COMBO SHOVE	
2652443	18.84
GENTRY POST MOUNT CO	
2151200	58.85

TOTAL	77.69
TAX AT 7%	5.44
TOTAL SALE	83.13
Menard Card 7348	83.13
001450	

TOTAL NUMBER OF ITEMS = 2

GUEST COPY

The Cardholder acknowledges receipt of
goods/services in the total amount shown
hereon and agrees to pay the card issuer
according to its current terms.

7.A.

THIS IS YOUR CREDIT CARD SALES SLIP

58.85
X 7% tax

4.12

58.85

\$62.97

Police accident Report # 10.000231

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51505

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Rebecca Menges DAY PHONE: 402-714-1401
ADDRESS: 170 Brier Ridge Dr Council Bluffs, IA 51503 DOB: 04/07/1980
DATE & TIME OF LOSS/ACCIDENT: Jan 3, 2009 Approx 1:45pm
LOCATION OF LOSS/ACCIDENT: 500 N. 20th St Council Bluffs, IA 51501
DESCRIPTION OF LOSS/ACCIDENT: My car was parked, and a city plow hit it. The police knocked at my neighbors door at approx 1:55pm telling him, the plow hit my car. I went outside damage was front fender, bumper, driverside door, crack turn signal, hood cap (USE BACK OF FORM, IF NECESSARY)
TOTAL DAMAGES CLAIMED: 5

WITNESS(ES) (Name(s), Address(es), Phone No(s)) _____

WAS POLICE REPORT FILED ☒ YES ☐ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY: _____

HAVE YOU RESUMED NORMAL ACTIVITIES? ☐ YES ☒ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION: I need fixed because driverside door won't open and with 3 kids, 1 is infant, 5 people crawling out the passenger side is a pain in the neck

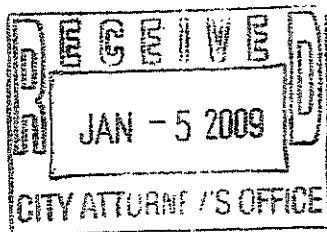
LIST INSURANCE PROVIDER AND COVERAGE: my insurance is progressive.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

1-4-2010
DATE

Rebecca Menges
CLAIMANT'S SIGNATURE



COUNCIL BLUFFS
CITY CLERK
2010 JAN - 5 P. 2:42

Date: 1/4/2010 10:15 AM
Estimate ID: 6993
Estimate Version: 0
Preliminary
Profile ID: Mitchell

FEDERAL ID #42-1384630

MONTANG BODY SHOP

1426 2ND AVE, COUNCIL BLUFFS, IA 51501
(712) 322-1088

Fax: (712) 325-6107

Email: montangbodyshop@qwestoffice.net

Tax ID: 42-1384630

Damage Assessed By: PAT MONTANG

Deductible: 0.00
Claim Number: 6993

Owner: REBECCA MENGES
Address: 170 BRAIR RIDGE DR, CO BLUFFS, IA
Telephone: Home Phone: (402) 714-1401

Mitchell Service: 914493

Description: 2001 Chevrolet Cavalier

Body Style: 2D Cpe

VIN: 1G1JC124517379337

Drive Train: 2.2L Inj 4 Cyl 4A FWD

Options: VEHICLE ANTI-THEFT, PASSENGER AIRBAG, DRIVER SIDE AIRBAG, POWER STEERING
REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, ANTI-LOCK BRAKE SYS.
MANUAL REMOTE ADJUSTABLE EXTERIOR MIRROR, AUTOMATIC TRANSMISSION, FRONT AIR DAM
TINTED GLASS, FIRST ROW BUCKET SEAT, SECOND ROW BENCH SEAT
SECOND ROW FOLDING SEAT, REAR HEATING, VENTILATION & AIR CONDITIONING
CLOTH SEAT, DAYTIME RUNNING LIGHTS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	402653	BDY	OVERHAUL	Frt Bumper Cover Assy			2.3 #
2	405058	BDY	REPAIR	Frt Bumper Cover	Existing		2.0*#
3	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.2
4	402685	BDY	REMOVE/REPLACE	L Frt Park/Signal/Mkr Lamp Assembly	22667009 GM PART	28.78	INC #
5	402720	BDY	REMOVE/REPLACE	L Fender Panel	88955574 GM PART	242.24	1.2 #
6	AUTO	REF	REFINISH	L Fender Outside			C 2.0
7	AUTO	REF	REFINISH	L Add To Edge Fender			C 0.5
8	400237	BDY	REMOVE/REPLACE	L Fender Liner	22613215 GM PART	55.57	INC #
9	402746	BDY	REMOVE/REPLACE	Wheel Cover	9594640 GM PART	66.19	
10	400966	BDY	REPAIR	L Frt Door Shell	Existing		2.0*#
11	AUTO	REF	REFINISH	L Frt Door Outside			C 1.8
12	404369	BDY	REMOVE/INSTALL	L Frt Door Rear Applique			0.2
13	401014	BDY	REMOVE/INSTALL	L Frt Belt Moulding			0.6 #
14	401016	BDY	REMOVE/INSTALL	L Frt Door Mirror			INC #
15	401053	BDY	REMOVE/INSTALL	L Frt Door Lock Cylinder			1.8 #
16	936012		ADD'L COST	Hazardous Waste Disposal		5.00 *	
17	AUTO	REF	ADD'L OPR	Clear Coat			1.7*
18	933018	REF	ADD'L OPR	Mask For Overspray		5.00 *	0.2*
19	AUTO		ADD'L COST	Paint/Materials		262.40 *	

ESTIMATE RECALL NUMBER: 01/04/2010 10:13:12 6993

Mitchell Data Version: OEM: DEC_09_V

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UltraMate Version: 7.0.015

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12/31/2009 12:28 7123223418

CITY OF COUNCIL BLUFFS

PAGE 02/02

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503
Telephone (712) 328-4520

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Horizontal Boring & Tunneling Co. DAY PHONE: 402-266-5347
ADDRESS: 505 S. River Ave PO Box 429 DOB: _____
Exeter, NE 68351 SSN: _____

DATE & TIME OF LOSS/ACCIDENT: Work Completed 8-7-09LOCATION OF LOSS/ACCIDENT: South 32nd Street Sewer Rehab - 12th & 14th Ave

DESCRIPTION OF LOSS/ACCIDENT: Horizontal Boring & Tunneling Co. was hired by Dan Huston of RD Blue Construction to furnish 42" steel casing & jack into place for Contractor's 42" Sewer Pipe (210') & furnish stainless steel casing spacers, end seals & install Contractor's carrier pipe inside the casing and has not been paid on this project (USE BACK OF FORM, IF NECESSARY)
+ Copies of our quote & bill to RD Bl are included

TOTAL DAMAGES CLAIMED: \$ 138,180.00

WITNESS(ES) (Name(s), Address(es), Phone No(s)) _____

WAS POLICE REPORT FILED YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND _____

HAVE YOU RESUMED NORMAL ACTIVITIES? YES ☒ NO N/A

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY _____

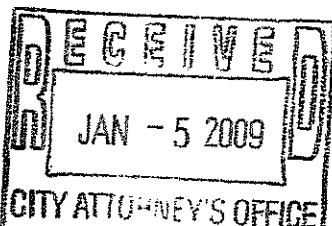
OTHER RELEVANT INFORMATION: N/ALIST INSURANCE PROVIDER AND COVERAGE: N/A

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

DATE 1-4-2010CLAIMANT'S SIGNATURE Lori B. Mott

COUNCIL BLUFFS
CITY CLERK
2010 JAN - 5 A 10:25



HORIZONTAL BORING & TUNNELING CO.

505 S. RIVER AVENUE
P.O. BOX 429
EXETER, NE 68351-0429
PHONE: 402-266-5347
FAX: 402-266-5377
PROJ. MGMT. FAX: 402-266-5591

QUOTE

BID DATE: ~~April 14, 2009~~ April 23, 2009

PROJECT: Council Bluffs, IA - S. 32nd Street Sewer

Item	Description	Quantity	Unit	Unit Price	Extension
DIVISION IV - Sanitary Sewer & Appurtenances					
4-4	Furnish 60" (3/4") steel casing and jack into place for Contractor's 42" Sewer pipe.	210.00	L.F.	\$573.00	\$120,330.00
	Furnish Stainless Steel Casing Spacers, end seals and install Contractor's carrier pipe inside the casing. No fill of the annular space.	210.00	L.F.	\$85.00	\$17,850.00
Totals:				\$658.00	\$138,180.00

Contractor to furnish the 42" carrier pipe.
Contractor to handle all dewatering required.
Contractor to furnish all Railroad permits, Railroad protective insurance,
All flagmen and all fees.

Prices exclude rock, shale, rubble or obstructions.

Individual Contractor's responsibilities as per our Attachment A.

If you have any questions, please contact Brent Moore at our office PH# 402-266-5347.

HORIZONTAL BORING & TUNNELING CO.

Brent Moore

Brent L. Moore
President/Estimator

Trenchless Construction Specialist



"ATTACHMENT A"

BID DATE: April 14, 2009

PROJECT: Council Bluffs, IA - S. 32nd Street Sewer

Individual Contractor responsibilities shall not be limited to, but shall include the following items:

Horizontal Boring & Tunneling Co. (Subcontractor) shall:

- 1.00 Furnish, weld and install the bare steel casing for the crossing.
- 2.00 Pot-hole for properly marked utilities, excluding any traffic control or flagging required for pot-holing.
- 3.00 Excavate their boring and receiving pits.
- 4.00 Furnish trench boxes, loose plates, piling or sheeting. No tight sheeting.
Contractor may use Horizontal's shoring in place at the pits if they desire. Contractor shall pull and load FOB Horizontal's trucks. Use shall be for an agreed to limited time.
- 5.00 Set their equipment and materials
- 6.00 Furnish and maintain up to two 2-inch submersible pumps for sumping of the boring pit, not for dewatering.
- 7.00 Not be responsible for any obstructions which cause the boring or tunneling operations to stop.
- 8.00 Furnish payment and performance bonds, if requested at an additional cost of 1.7%. No sharing of bond cost.
- 9.00 Prices good for 10 days, unless Contractor informs Horizontal that they will be used if the project is awarded, then Horizontal will hold prices as per bidding requirements.

Contractor or others shall:

- 1.00 Provide all carrier pipe, retrained joints, restraints, tracer wire, other carrier pipe related items.
- 2.00 Furnish all permits, inspection and testing required.
- 3.00 Provide all staking, grades and alignments.
- 4.00 Provide and maintain all access and easements for all required work on site.
- 5.00 Handle all SWPPP items, erosion control, reseeding and restorations.
- 6.00 Handle all removals, replacements, relocations, re-routing, by-pass pumping and surface flows.
- 7.00 Handle all backfill, stabilization, compaction and testing.
- 8.00 Handle all hauling or moving of any spoils which cannot be stockpiled on site by Horizontal's excavator.
- 9.00 Be responsible for and maintain all traffic control, barriers, detours, flagmen or other related items.
- 10.00 Handle all dewatering required for the project, including any discharge permits for any pumping.
- 11.00 Handle any re-routing of surface water flows, if applicable.
- 12.00 Furnish clean rock for base for pits, as needed.
Handle all carrier pipe installation, spacers and end seals, unless has Horizontal handle at their additional quoted price.
- 13.00 price.
- 14.00 Handle all cathodic protection items.
- 15.00 Handle all items other than the boring and jacking, such as structures,
- 16.00 Furnish and provide all as-builds.
- 17.00 Handle all testing.
- 18.00 Furnish all applicable tax exemption certificates.
- 19.00 Payments shall be made in full, within 45 days of completion, or within 7 days of Contractor's payment.
- 20.00 Any overdue payments will charged interest at the maximum allowable rate, and will be an additional charge

HORIZONTAL BORING & TUNNELING CO.

505 S. RIVER AVENUE
P.O. BOX 429
EXETER, NE 68351-0429
PHONE: 402-266-5347
FAX: 402-266-5377

Invoice 4084

Bill to: R D BLUE CONSTRUCTION 20474 MONUMENT ROAD CRESCENT, IA 51526 (712) 328-0068		Job: 4084 COUNCIL BLUFFS IA-RD BLUE SO. 32ND STREET SEWER REHAB 12TH & 14TH AVE. COUNCIL BLUFFS, IA Contract Number: Contractor's Project #:	
Invoice #:	4084	Date:	08/18/09
Payment Terms: SEE BELOW		Customer P.O. #:	
		Customer Code:	RDBLUE

Remarks: COMPLETED 8/7/09

Quantity	Description	U/M	Unit Price	Extension
210.00	BID ITEM 4-4 DIVISION IV SANITARY SEWER & APPURTENANCES FURNISH 60" (3/4") STEEL CASING AND JACK INTO PLACE FOR CONTRACTOR'S 42" SEWER PIPE	LF	\$573.00	\$120,330.00
210.00	BID ITEM 4-4 DIVISION IV FURNISH STAINLESS STEEL CASING SPACERS, END SEALS, AND INSTALL CONTRACTOR'S CARRIER PIPE INSIDE CASING NO FILL OF THE ANNULAR SPACE	LF	\$85.00	\$17,850.00

Subtotal: \$138,180.00

Total: \$138,180.00

☒ Contractor to pay within 7 Days after receipt of payment from Owner, not to exceed 45 days from invoice date. We reserve the right to charge a finance charge of 18% APR from the date of the invoice, if terms are not met.

☐ NET 30 DAYS. Finance charge will accrue on all accounts beginning on the 31st day from the date of invoice at 18% APR.

☐ Includes all applicable taxes

☒ Tax Exempt.

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: JOHN D. OEHME

DAY PHONE: 366-0191

ADDRESS: 5417 NAVJO ST

DOB: 12-2-34

DATE & TIME OF LOSS/ACCIDENT: 12-26-09 APPROX 3 PM

LOCATION OF LOSS/ACCIDENT: 5417 NAVJO

DESCRIPTION OF LOSS/ACCIDENT: SNOW PLOW HIT MAILBOX

(USE BACK OF FORM IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ 45.00

WITNESS(ES) (Name(s), Address(es), Phone No(s)) _____

WAS POLICE REPORT FILED ____ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY: _____

HAVE YOU RESUMED NORMAL ACTIVITIES? ☒ YES ____ NO

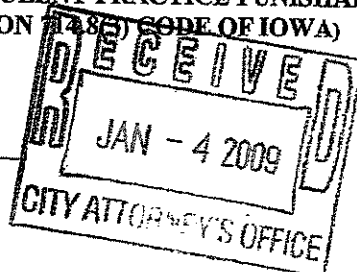
IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION: _____

LIST INSURANCE PROVIDER AND COVERAGE: STATE FARM #500.00 DEDUCTABLE

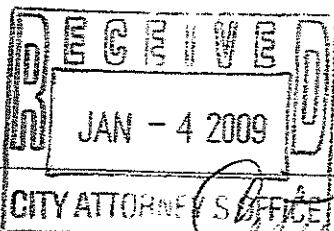
I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 128.5 CODE OF IOWA)

12-30-09
DATE



John D. Oehme
CLAIMANT'S SIGNATURE



City of Council Bluffs
Legal Department
209 Pearl St.
Council Bluffs, IA 51501
10

12-31-09

COUNCIL BLUFFS
CITY CLERK
2009 JAN - 4 P 2:31

This letter is to put the City of Council Bluffs on notice of a possible Damage Claim at a latter date.

On 12-30-09 while clearing and hauling snow from the Cul-de-sac on Winchester Circle, a City owned front end loader utilized the Driveway of 220 Winchester numerous times while scraping snow and loading trucks. The front-end loader which loaded and unloaded backed into the private Driveway within 8-10 feet of the garage.

I will be out of town until March or April and because of the snow/ice cover on the drive will not be able to determine if the concrete which was new in 2008 has been damaged until 7.A. later date.

Please put this on file until I
can determine if there is damage
to the driveway.

Sincerely
Delbert R. Burdick
220 Winchester Ave.
Carmel Shiffs, Ia 51503

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Jane Behrens DAY PHONE: 712-328-1361
ADDRESS: 2547 Ave D DOB: 5-30-53

DATE & TIME OF LOSS/ACCIDENT: 12-22-2009 1:19 pm
LOCATION OF LOSS/ACCIDENT: 2508 W Broadway - Walgreens parking lot
DESCRIPTION OF LOSS/ACCIDENT: I was driving north through parking lot - Ford explorer backed out of parking space on my left, scraping back panel and catching back bumper of my car before both of us got stopped.

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ 1650.⁰⁰ + loaner car while my car is in the shop.
WITNESS(ES) (Name(s), Address(es), Phone No(s)) _____

WAS POLICE REPORT FILED ☒ YES ☐ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

N/A

HAVE YOU RESUMED NORMAL ACTIVITIES? ☐ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION:

Police Officer took pictures of damage - 2 estimates are enclosed

LIST INSURANCE PROVIDER AND COVERAGE: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

12-30-2009
DATE

Jane Behrens
CLAIMANT'S SIGNATURE

12-31-09
Legal Dept
TV

Date: 12/28/2009 12:15 PM
 Estimate ID: 25853
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

TOM'S AUTO BODY, INC

1216 N. 16th ST, COUNCIL BLUFFS, IA 51501
 (712) 328-7224
 Fax: (712) 325-1813
 Tax ID: FEDERAL ID 421510062

Damage Assessed By: DOUG LANTRY

Deductible: 0.00
 Claim Number: 25853

Owner: JANE / STEVE BEHRENS
 Address: 2547 AVE D, CO BLUFF, IA 51501
 Telephone: Home Phone: (712) 328-1361

Cell Phone: (402) 504-7865

Mitchell Service: 911216

Description: 2010 Kia Soul I

Body Style: 4D Ut

Drive Train: 2.0L Inj 4 Cyl FWD

VIN: KNDJT2A26A7037313

Options: PASSENGER AIRBAG, DRIVER SIDE AIRBAG, POWER LOCK, POWER WINDOW
 REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
 SUNROOF (POWER), PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS., FOG LIGHTS
 ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR, AUXILIARY INPUT
 BLUETOOTH WIRELESS CONNECTIVITY, LEATHER STEERING WHEEL, SATELLITE RADIO
 REMOTE FUELDOOR RELEASE, CD PLAYER, POWER ADJUSTABLE EXTERIOR MIRROR
 PRIVACY GLASS, FRONT AIR DAM, FIRST ROW BUCKET SEAT, SECOND ROW BENCH SEAT
 KEYLESS ENTRY, SECOND ROW FOLDING SEAT, THEATER STYLE SEATING
 OUTSIDE TEMPERATURE GAUGE, CLOTH SEAT, ULEV/SULEV/ZLEV EMISSIONS
 VARIABLE ASSISTED STEERING, TACHOMETER, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS
 PASSENGER AIRBAG CUTOFF SWITCH/SENSOR, SIDE HEAD CURTAIN AIRBAGS, MP3 PLAYER

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	100599	REF	BLEND	L Rear Door Outside			C 0.8
2	100607	BDY	REMOVE/INSTALL	L Rear Otr Belt Moulding			0.2 #
3	100691	BDY	REMOVE/INSTALL	L Rear Otr Door Handle			0.7 #
4	101283	BDY	REPAIR	L Quarter Outer Panel	Existing		4.0* #
5	AUTO	REF	REFINISH	L Quarter Panel Outside			C 2.0
6	101028	BDY	REMOVE/REPLACE	L Quarter Mudguard	86821 2K000	21.55	0.2
7	100152	GLS	REMOVE/INSTALL	L Quarter Glass			2.2 #
8	900500	GLS *	REMOVE/REPLACE	URETHANE KIT	New	25.00 *	INC*
9	100014	BDY	OVERHAUL	Rear Bumper Cover Assy			2.6 #
10	100623	BDY	REMOVE/REPLACE	Rear Bumper Cover	86611 2K000	353.00	INC #
11	AUTO	REF	REFINISH	Rear Bumper Cover			C 2.4
12	100633	BDY	REMOVE/REPLACE	L Rear Bumper Bracket	86653 2K000	14.45	0.2 #
13	100637	BDY	REMOVE/REPLACE	Rear Bumper Energy Absorber	86620 2K000	60.20	INC
14	AUTO	REF	ADD'L OPR	Clear Coat			1.5*
15	933003	REF	ADD'L OPR	Tint Color			0.5*
16	AUTO		ADD'L COST	Paint/Materials		230.40 *	
17	AUTO		ADD'L COST	Shop Materials		10.00 *	
18	AUTO		ADD'L COST	Hazardous Waste Disposal		5.00 *	

ESTIMATE RECALL NUMBER: 12/28/2009 12:11:51 25853

Mitchell Data Version: OEM: NOV_09_V

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Page 1 of -97-

* - Judgment Item
- Labor Note Applies
C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary				Amount
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals					
Body	7.9	48.00	0.00	0.00	379.20	T	Taxable Parts		474.20	
Refinish	7.2	48.00	0.00	0.00	345.60	T	Sales Tax	@ 7.000%	33.19	
Glass	2.2	48.00	0.00	0.00	105.60	T	Total Replacement Parts Amount		507.39	
Taxable Labor					830.40					
Labor Tax @ 7.000 %					58.13					
Labor Summary 17.3					888.53					
III. Additional Costs					Amount	IV. Adjustments				Amount
Taxable Costs					15.00	Insurance Deductible				0.00
Sales Tax @ 7.000%					1.05	Customer Responsibility				0.00
Non-Taxable Costs					230.40					
Total Additional Costs					246.45					
Paint Material Method: Rates										
Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00										
						I. Total Labor:				888.53
						II. Total Replacement Parts:				507.39
						III. Total Additional Costs:				246.45
						Gross Total:				1,642.37
						IV. Total Adjustments:				0.00
						Net Total:				1,642.37

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

No Warranty on rust, rust repair, and rock chips.

SIGNATURE _____

Date: 12/30/2009 10:28 AM
Estimate ID: 9011
Estimate Version: 0
Preliminary
Profile ID: * SUBLET (NO TAX)

Varn's Body Shop

1604 Avenue "J", Council Bluffs, IA 51501-1055
(712) 323-7093
Fax: (712) 323-0567

Damage Assessed By: Dan Varn

Type of Loss: Property Damage
Date of Loss: 12/30/2009
Contact Date: 12/30/2009
Deductible: 0.00
P.O. Number: 7313
Claim Number: 9011

Owner: JANE BEHREN
Address: 2547 AVE D, CB, IA 51501
Telephone: Home Phone: (712) 328-1361

Mitchell Service: 911216

Description: 2010-Kia Soul !
Body Style: 4D Ut
VIN: KNDJT2A26A7037313
Mileage: 1
OEM/ALT: A
Color: RED
Options:

Drive Train: 2.0L Inj 4 Cyl FWD
License: 552WQP IA

Search Code: B51501

PASSENGER AIRBAG, DRIVER SIDE AIRBAG, POWER LOCK, POWER WINDOW
REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
SUNROOF (POWER), PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS., FOG LIGHTS
ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR, AUXILIARY INPUT
BLUETOOTH WIRELESS CONNECTIVITY, LEATHER STEERING WHEEL, SATELLITE RADIO
REMOTE FUELDOOR RELEASE, CD PLAYER, POWER ADJUSTABLE EXTERIOR MIRROR
PRIVACY GLASS, FRONT AIR DAM, FIRST ROW BUCKET SEAT, SECOND ROW BENCH SEAT
KEYLESS ENTRY, SECOND ROW FOLDING SEAT, THEATER STYLE SEATING
OUTSIDE TEMPERATURE GAUGE, CLOTH SEAT, ULEV/SULEV/ZLEV EMISSIONS
VARIABLE ASSISTED STEERING, TACHOMETER, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS
PASSENGER AIRBAG CUTOFF SWITCH/SENSOR, SIDE HEAD CURTAIN AIRBAGS, MP3 PLAYER

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	100976	BDY	REMOVE/REPLACE	Alloy Wheel	Remanufactured	179.00	0.3
2	101381	BDY	REPAIR	L Rear Door Shell	Existing		1.0* #
3		REF	REFINISH/REPAIR	L Rear Door Shell			C 1.2*
4				MODIFIED REFINISH WITH FULL CLEAR COAT			
5	100607	BDY	REMOVE/INSTALL	L Rear Otr Belt Moulding			
6	100609	BDY	REMOVE/INSTALL	L Rear Door Moulding			0.2 #
7	100691	BDY	REMOVE/INSTALL	L Rear Otr Door Handle			0.2
8	101283	BDY	REPAIR	L Quarter Outer Panel			0.7 #
9	AUTO	REF	REFINISH	L Quarter Panel Outside	Existing		3.0* #
10	101028	BDY	REMOVE/REPLACE	L Quarter Mudguard			C 2.0
11	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy	86821 2K000	21.55	0.2
12	100623	BDY	REMOVE/REPLACE	Rear Bumper Cover			2.6 #
13	AUTO	REF	REFINISH	Rear Bumper Cover	86611 2K000	353.00	INC #
14	100637	BDY	REMOVE/REPLACE	Rear Bumper Energy Absorber			C 2.4
					86620 2K000	60.20	INC

ESTIMATE RECALL NUMBER: 12/30/2009 10:28:11 9011

Mitchell Data Version: OEM: NOV_09_V

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UltraMate Version: 7.0.014

7.A.

10.00 *
10.00 *
216.00 *
5.00 *

Page 2 -100-

Date: 12/30/2009 10:28 AM
Estimate ID: 9011
Estimate Version: 0
Preliminary
Profile ID: * SUBLET (NO TAX)

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Insurance Co: **OWNER TO PAY**

I understand that payment is due in full upon release of vehicle including additional supplemental damage charges. This estimate becomes void if an insurance company or an independent adjuster writes an estimate on this vehicles damage. YOU will be held responsible for loss or damage to said vehicle or articles left in vehicle in case of fire, theft, accident on our lot or causes beyond our control. Old parts are junked unless instructed. Absolutely NO rust repair guarentee. Estimates are good for 90 days.

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Council Bluffs Country Club LLC

DAY PHONE: 712-366-0525

ADDRESS: 4500 PINE ST.

DOB: _____

DATE & TIME OF LOSS/ACCIDENT: 12/25/09 - 12/26/09(?)

LOCATION OF LOSS/ACCIDENT: Wright St.

DESCRIPTION OF LOSS/ACCIDENT: _____

Broken Fence Line In tree location. Less than 1/10 mile
(2nd) - Less than 3/10 mile (2nd) - Over 3/10 mile facing house
#816 Wright St.

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ Unknown due to fact is snow covered - will have to

WITNESS(ES) (Name(s), Address(es), Phone No(s)) _____

wait for
estimate

WAS POLICE REPORT FILED _____ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY: _____

HAVE YOU RESUMED NORMAL ACTIVITIES? ☒ YES _____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY

OTHER RELEVANT INFORMATION: _____

LIST INSURANCE PROVIDER AND COVERAGE: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

12/28/09
DATE

[Signature]
CLAIMANT'S SIGNATURE

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: KAREN McPARTLAND DAY PHONE: 712-388-8410

ADDRESS: 2526 FRANKLIN AVENUE DOB: _____

DATE & TIME OF LOSS/ACCIDENT: 12/14/09 9:00 AM

LOCATION OF LOSS/ACCIDENT: 2526 FRANKLIN AVENUE

DESCRIPTION OF LOSS/ACCIDENT: my mailbox was knocked over by a snow plow. Not sure if it is broken off & will have to be replaced as if it can be reset.
(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ uncertain until snow melts

WITNESS(ES) (Name(s), Address(es), Phone No(s)): I saw him. He also knocked the box off next door, stopped the truck, got out & set the box back on.

WAS POLICE REPORT FILED ☐ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

HAVE YOU RESUMED NORMAL ACTIVITIES? ☐ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY

OTHER RELEVANT INFORMATION: will get estimate when snow melts

LIST INSURANCE PROVIDER AND COVERAGE: State Farm homeowners

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

12/28/09
DATE

Karen McPartland
CLAIMANT'S SIGNATURE

12-30-09
Lead Dept



RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Taron Meake

DAY PHONE: 712-310-1737

ADDRESS: 1002 14TH Ave Council Bluffs, IA 51501

DOB: 05-25-1983

DATE & TIME OF LOSS/ACCIDENT: 12-26-09 12:00 PM.

LOCATION OF LOSS/ACCIDENT: 1002 14TH Ave

DESCRIPTION OF LOSS/ACCIDENT: DECORATIVE MAILBOX HIT BY SNOW PLOW
CAST ALUMINUM PEDESTAL MAILBOX WHITE

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ _____

WITNESS(ES) (Name(s), Address(es), Phone No(s)): SNOW PLOW DRIVER SAID HE WOULD
REPORT ACCIDENT

WAS POLICE REPORT FILED _____ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

HAVE YOU RESUMED NORMAL ACTIVITIES? _____ YES _____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY
OTHER RELEVANT INFORMATION: _____

LIST INSURANCE PROVIDER AND COVERAGE: STATE FARM

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY
CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

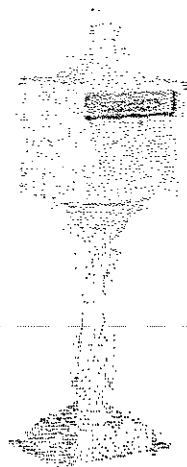
NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A
FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

12-30-09

DATE

Taron Meake

CLAIMANT'S SIGNATURE



**Amco Metal
Industrial
Corporation
Victorian Pedestal
Mailbox - White**

Sold by Sears | Online only |
Sears Item# 00994353000 |
Model# VM-204-WHT

(Be the first to rate and review this item)

\$229.99

As low as **\$10 per month**
with your **Sears Card**.
Apply Now! | **Monthly**
Payment Details

Special Offers (view all)

Online Only. Free Standard Shipping on Mailable Tool orders \$99 and over. Offer ends 02-Jan-2010 **See details.**

Online Only. Free APO/FPO Shipping on Mailable Tool orders \$99 and over. Offer ends 02-Jan-2010 **See details.**

Deferred Interest Offer until December, 2010, with your Sears Card. **Special Financing**

Get this product

In Stock and Available for Ground Shipping

Eligible for ShipVantage. **Join & Save**

International Shipping

Want to ship this item for **FREE**? Click **here** for details!

When will it arrive? The anticipated arrival date is reflected on the shipping options page during checkout. Shipping times vary by location.

Product Description

The Amco Classic Mailbox Collection is designed to offer an elegant and secure means to hold your mail. The Collection offers a wide array of styles and timeless designs available in unique finishes to complement any home. Quality craftsmanship goes into each piece for added strength and durability for years of enjoyment. The beauty of the Victorian Pedestal Mailbox is also available as a Wallmount. Made of 100% heavy-duty cast-aluminum in lightweight construction, the mailbox is available i

Available Prior: 06/01/2009



RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Kathy Luhr

DAY PHONE: 402-375-3498

ADDRESS: 1003 W. 3rd Wayne NE 68787

DOB: 11-18-60

DATE & TIME OF LOSS/ACCIDENT: 12-23-09

LOCATION OF LOSS/ACCIDENT: Council Bluffs

DESCRIPTION OF LOSS/ACCIDENT: Our 1996 Geo Metro quit on our Son Travis
He notified the Police station, and was told it was fine
as long as it wasn't causing an obstruction. He
also went to the home owner (on back)
(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ 175.00

WITNESS(ES) (Name(s), Address(es), Phone No(s)) _____

WAS POLICE REPORT FILED _____ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY: _____

HAVE YOU RESUMED NORMAL ACTIVITIES? _____ YES _____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND _____

OTHER RELEVANT INFORMATION: on Back

LIST INSURANCE PROVIDER AND COVERAGE: N/A

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

12-28-09
DATE

Kathy Luhr
CLAIMANT'S SIGNATURE

COUNCIL BLUFFS
CITY CLERK
2009 DEC 29 PM 3:11

Legal Dept
12-29-09

where the car was sitting in front of on
The street, and they had no problem with it
There until he could get it fixed.

At no time did the police station tell
him there was a 24 hr. law about
removing stalled vehicles. So it was
towed and a huge bill accumulated,
which we don't feel was fair or justified.
We should have been notified
immediately, not many days later; we
feel.

Traut is a recent College graduate
and really could not afford this bill, as
he used part of next month's rent money
to pay for this.

So we would really appreciate
this being reimbursed back to him, as
we feel this was not justifiable ticket
and towing.

Thanks for your Consideration,

Gatty Luhn

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: KEITH SKINNER DAY PHONE: 323.7700
ADDRESS: 107 W BRWY CB IA 51503 DOB: 10-1951

DATE & TIME OF LOSS/ACCIDENT: AUG 27 TH 2:30 PM

LOCATION OF LOSS/ACCIDENT: 104 W BRWY

DESCRIPTION OF LOSS/ACCIDENT: BROKEN WINDOW

TOTAL DAMAGES CLAIMED: \$ 908.08 (USE BACK OF FORM, IF NECESSARY)

WITNESS(ES) (Name(s), Address(es), Phone No(s)): CONSTRUCTION WORKERS

WAS POLICE REPORT FILED YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

HAVE YOU RESUMED NORMAL ACTIVITIES? ☒ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION: PICTURES, INVOICES, ESTIMATES

LIST INSURANCE PROVIDER AND COVERAGE: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

12 23 09
DATE

Keith Skinner
CLAIMANT'S SIGNATURE



SANDAU BROS. SIGN COMPANY INC.

"A Sign of Distinction"

(712) 328-2342

1627 9th Ave - Council Bluffs, IA 51501

☐ ORDER

☐ ESTIMATE Date 11/16/09

Company Name Super Learning Center

Address CS

Phone _____

P.O. # _____

Comments Letter Signer

☐ Installed

☐ Not Installed

☐ One Color

☐ Two Color

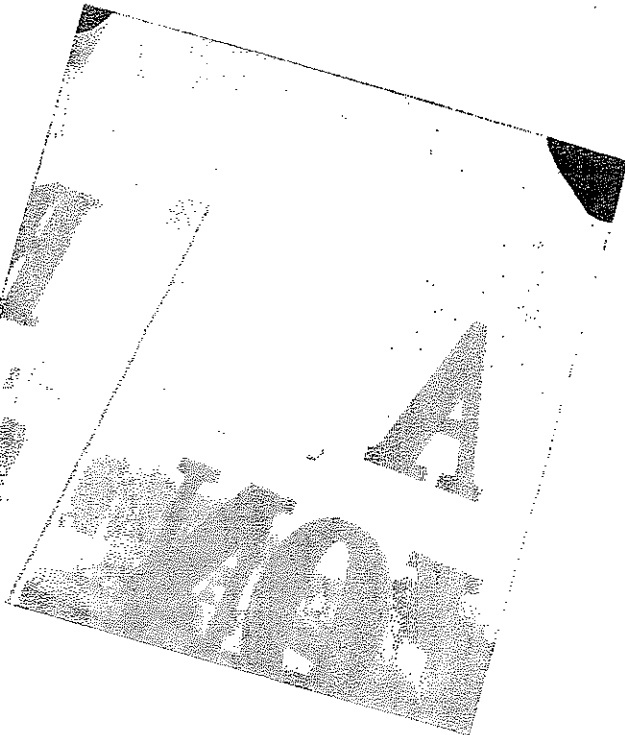
☐ Other

Quantity	Job Description (materials, colors, size, etc.)	Amount
1	Relitter Windows & Signs of a Million Parts	
	2 Color	
	Shade & Outline	
	Red & White	
	all installed	
		\$ 85.95
		Total 33.95
	Bid Price good for _____ days	Total 518.95

Estimate requested by Kurt

Date _____

Sandaus Bros. Agent



Estimate & Job Bid Sheet

Date 12/2/09

Name Bluffs Sewing & Vac.

Address _____

Phone # _____

724 Creek Top St
Council Bluffs IA 51501
Phone # 322-4027
Fax # 322-4910



46X52 99.67
764.00
363.67
2546.13
\$389.13

Quality Glass & Window, Inc.

14242 C Circle • Omaha, Nebraska 68144
www.qualityglassomaha.com

LOCAL

339-3737

TOLL FREE

(800) 383-4527

FAX

(402) 339-9395

Flat Glass Distribution and
Insulated Glass Manufacturer

~~274X244~~ Bluffs Sewing
& Vacuum

46X52 X 1/4 Clear 119.60

Installed 3000.00

7.A.

419.60

fax 2937

\$448.97

Specializing in Customer Service

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. _____

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Dustin Heffernan DAY PHONE: (312) 355-1759
ADDRESS: 348 Lawton terrace DOB: 5/20/1978

DATE & TIME OF LOSS/ACCIDENT: 12/10/09 10:00 AM

LOCATION OF LOSS/ACCIDENT: Home 348 Lawton terrace

DESCRIPTION OF LOSS/ACCIDENT: Headlight assembly broken by snow
pushed into it from the city plow

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ 300

WITNESS(ES) (Name(s), Address(es), Phone No(s)): just myself

WAS POLICE REPORT FILED ☒ YES ☐ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

None

HAVE YOU RESUMED NORMAL ACTIVITIES? ☒ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY

OTHER RELEVANT INFORMATION: _____

LIST INSURANCE PROVIDER AND COVERAGE: Geico / Full coverage

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

12/11/09
DATE

Dustin Heffernan
CLAIMANT'S SIGNATURE

COUNCIL BLUFFS
CITY CLERK

2009 DEC 14 PM 2:04

Rec'd
12/14/09
in

**CITY OF COUNCIL BLUFFS
INTER-OFFICE MEMO**

DATE: December 31, 2009

TO: Honorable Thomas P. Hanafan, Mayor

FROM: Linda Andersen, Assistant Director of Finance

RE: Cash Balance Statement – November 30, 2009

Pursuant to the Code of Iowa, a monthly receipts and disbursements report shall be filed with the City Council. This report, which includes all City funds, shows the following activity from July 1, 2009 through November 30, 2009:

July 1, 2009 Beginning Cash Balance	\$ 46,930,609.59
Receipts to date	48,764,074.14
Expenditures to date	<u>(53,320,771.36)</u>
<u>November 30, 2009</u> Ending Cash Balance	\$ 42,373,912.37

All detail relative to the above figures is available in the Finance Office. City Council action should be to receive and file this report.

Please note that the report presents the prior fiscal year's balance for comparison purposes.

CITY OF COUNCIL BLUFFS
FUND BALANCES
WITH COMPARISON TO PRIOR YEAR
NOVEMBER 30, 2009

	FUND BALANCE JULY 1, 2009	YEAR-TO-DATE REVENUES	YEAR-TO DATE EXPENDITURES	FUND BALANCE TO DATE	FUND BALANCE NOV 30, 2008
<u>GENERAL FUND (A)</u>					
001 GENERAL FUND	3,070,673.10	16,559,394.94	16,064,414.05	3,565,653.99	4,951,447.36
002 GENERAL-GAMING	926,960.69	1,563,646.99	403,044.35	2,087,563.33	833,390.15
003 GENERAL-HOTEL/MOTEL TAX	428,500.75	587,412.28	597,857.00	418,056.03	(52,563.49)
004 GENERAL-TORT & LIABILITY	2,307,452.11	926,559.19	236,305.58	2,997,705.72	2,286,940.89
TOTAL-GENERAL FUNDS	6,733,586.65	19,637,013.40	17,301,620.98	9,068,979.07	8,019,214.91
<u>EMERGENCY LEVY FUND (B)</u>					
119 EMERGENCY LEVY	-	296,902.31	296,902.31	-	-
TOTAL-EMERGENCY LEVY FUND	-	296,902.31	296,902.31	-	-
<u>ROAD USE TAX (C)</u>					
110 ROAD USE TAX	2,635,262.71	2,649,554.41	2,411,193.53	2,873,623.59	2,592,643.53
TOTAL-ROAD USE TAX FUND	2,635,262.71	2,649,554.41	2,411,193.53	2,873,623.59	2,592,643.53
<u>EMPLOYEE BENEFIT FUNDS (D)</u>					
112 FICA & IPERS TAX LEVY	377,932.02	710,114.23	590,383.45	497,662.80	515,044.39
113 CITY INSURANCE - TAX LEVY	777,486.93	2,425,313.21	1,940,743.01	1,262,057.13	1,312,234.74
114 UNEMPLOYMENT - TAX LEVY	30,755.77	10,924.78	10,118.64	31,561.91	22,162.69
115 WORK COMP - TAX LEVY	63,316.25	480,692.71	179,118.24	364,890.72	116,398.08
116 FIRE PENSION - TAX LEVY	(1,587.95)	5,202.44	5,483.75	(1,869.26)	1,200.62
117 FIRE/POLICE -410 BENEFITS	1,283,541.39	1,503,465.29	905,661.88	1,881,344.80	1,369,930.34
118 RETIREE -411 BENEFITS	116,572.12	67,337.26	81,960.76	101,948.62	(191,129.78)
TOTAL-EMPLOYEE BENEFIT FUNDS	2,648,016.53	5,203,049.92	3,713,469.73	4,137,596.72	3,145,841.08
<u>TAX INCREMENT FINANCING (F)</u>					
126 MADISON LINDBERG TIF	1,494.66	16,399.97	4,318.74	13,575.89	1,494.66
127 MACC 01-1 TIF	1,187,342.87	878,956.98	788,281.24	1,278,018.61	1,637,135.78
128 S 24TH S OM RD UR	96,028.36	36,220.70	112,977.56	19,271.50	41,254.80
129 MANAWA BSNS PRK TIF	-	-	-	-	174,663.99
130 BENNETT AVE TIF	3,498.95	19,034.56	22,191.82	341.69	3,498.95
131 W BROADWAY TIF	42,744.78	101,669.57	-	144,414.35	55,865.78
132 DOWNTOWN TIF	138,304.99	52,271.94	38,317.21	152,259.72	145,828.84
133 E BROADWAY TIF	-	1,492.94	-	1,492.94	-
134 FEATHERSTONE TIF	-	30,811.45	30,811.45	-	-
135 METRO CROSSING TIF	-	203,123.72	68,468.50	134,655.22	-
136 PLAYLAND PARK TIF	-	134,533.01	80,101.50	54,431.51	50,269.20
137 OLD AIRPORT UR	-	48,461.38	48,461.38	-	-
138 MARKET PLACE UR	-	116,373.35	69,408.44	46,964.91	-
137 HAWKEYE HEIGHTS UR	-	46,885.91	46,442.00	443.91	-
137 SOUTH MAIN UR	-	14,337.47	8,922.50	5,414.97	-
TOTAL-TIF FUNDS	1,469,414.61	1,700,572.95	1,318,702.34	1,851,285.22	2,110,012.00
<u>CITY- LOCAL OPTION SALES TX (G)</u>					
121 CITY SALES TAX	9,683,687.01	3,361,534.04	3,600,318.72	9,444,902.33	7,058,161.30
TOTAL-LOCAL OPTION SALES TAX	9,683,687.01	3,361,534.04	3,600,318.72	9,444,902.33	7,058,161.30

CITY OF COUNCIL BLUFFS
FUND BALANCES
WITH COMPARISON TO PRIOR YEAR
NOVEMBER 30, 2009

	FUND BALANCE JULY 1, 2009	YEAR-TO-DATE REVENUES	YEAR-TO-DATE EXPENDITURES	FUND BALANCE TO DATE	FUND BALANCE NOV 30, 2008
<u>COMMUNITY DEVELOPMENT (H)</u>					
145 CD-BLOCK GRANT	(229,941.23)	654,378.00	417,197.38	7,239.39	(24,367.02)
146 CD-HOME PROGRAM	156,600.00	28,000.00	154,400.00	30,200.00	120,600.00
147 CD-INSTALL LOAN ESCROW	21,837.73	12,951.00	17,917.00	16,871.73	18,762.71
148 CD-NON CAPITAL PROJECTS	88,282.65	95,763.46	37,635.69	146,410.42	-
TOTAL-COMMUNITY DEVELOPMENT	36,779.15	791,092.46	627,150.07	200,721.54	114,995.69
<u>SPECIAL DISTRICT FUNDS (J)</u>					
162 LAKE MANAWA SSMID	68,015.13	52,048.21	39,575.40	80,487.94	69,805.36
163 MOSQUITO #22 DRAIN DIST	79,153.65	41,782.00	18,778.26	102,157.39	80,867.30
164 SIECK #32 DRAIN DIST	109,797.56	31,670.00	13,372.26	128,095.30	111,281.21
165 WEST LEWIS DRAIN DIST	266,683.42	38,372.00	4,641.19	300,414.23	266,219.44
TOTAL-SPECIAL DISTRICTS	523,649.76	163,872.21	76,367.11	611,154.86	528,173.31
<u>SPECIAL REVENUE FUNDS (K)</u>					
167 MISC PROJECTS	1,763,722.52	1,186,819.08	884,618.87	2,065,922.73	244,761.52
169 LIBR BLDG DONATION	27,733.89	5.92	8,672.19	19,067.62	27,688.83
170 LIBRARY GIFTS & MEM	257,710.27	77,054.63	156,249.41	178,515.49	258,720.64
171 DODGE SOLDIERS TR	134,328.29	33.86	-	134,362.15	134,098.15
172 4TH ST PRKG INVEST	51,963.00	-	-	51,963.00	51,963.00
177 FORFEITED ASSETS	53,782.17	2,771.72	734.08	55,819.81	53,782.17
178 FED FOREFEITED ASSET	-	-	-	-	-
179 POLICE CASH PROPRTY MGT	245.25	373.00	523.00	95.25	245.25
TOTAL-SPECIAL REVENUE FUNDS	2,289,485.39	1,267,058.21	1,050,797.55	2,505,746.05	771,259.56
<u>FIDUCIARY FUNDS (L)</u>					
950 MUNICIPAL HOUSING	10,000.00	302,830.81	330,290.62	(17,459.81)	9,999.98
951 SECTION 8	10,000.00	-	-	10,000.00	10,000.00
952 EMPLOYEE SAVINGS BONDS	87.50	2,881.25	2,850.00	118.75	81.25
TOTAL-FIDUCIARY FUNDS	20,087.50	305,712.06	333,140.62	(7,341.06)	20,081.23
<u>PERMANENT FUNDS (M)</u>					
500 FAIRVIEW CEM PERP	59,919.73	-	-	59,919.73	59,919.73
TOTAL-PERMANENT FUNDS	59,919.73	-	-	59,919.73	59,919.73
<u>DEBT SERVICE (N)</u>					
200 DEBT SERVICE	599,264.24	3,964,496.16	6,275,518.62	(1,711,758.22)	5,179,512.60
TOTAL-DEBT SERVICE FUND	599,264.24	3,964,496.16	6,275,518.62	(1,711,758.22)	5,179,512.60

CITY OF COUNCIL BLUFFS
FUND BALANCES
WITH COMPARISON TO PRIOR YEAR
NOVEMBER 30, 2009

	FUND BALANCE JULY 1, 2009	YEAR-TO-DATE REVENUES	YEAR-TO-DATE EXPENDITURES	FUND BALANCE TO DATE	FUND BALANCE NOV 30, 2008
<u>SEWER RENTAL (P)</u>					
610 SEWER RNTL-OPER & MAINT	1,895,315.91	2,349,130.35	2,092,850.69	2,151,595.57	2,010,385.25
611 SEWER RNTL-EXT & IMPRV	222,528.85	-	-	222,528.85	164,195.54
612 SEWER RNTL-DEPR/EQUIP	151,694.85	-	28,062.30	123,632.55	121,227.79
613 SEWER RNTL-D/S SNK FD	1,423.07	-	-	1,423.07	97,881.38
614 SEWER CAP PRJS-EXT	1,840,442.41	11,464.31	230,809.85	1,621,096.87	1,924,006.16
615 SEWER CAP PRJS-SRF	-	-	154,115.00	(154,115.00)	-
TOTAL-SEWER RENTAL FUNDS	4,111,405.09	2,360,594.66	2,505,837.84	3,966,161.91	4,317,696.12
<u>REFUSE DISPOSAL (R)</u>					
670 REFUSE DISPOSAL	852,643.42	2,222,989.20	1,867,806.77	1,207,825.85	1,173,714.89
TOTAL-REFUSE DISPOSAL FUND	852,643.42	2,222,989.20	1,867,806.77	1,207,825.85	1,173,714.89
<u>PARKS FOOD SERVICE (V)</u>					
685 PARKS FOOD SERVICE	25,716.20	25,338.30	-	51,054.50	-
TOTAL-PARKS FOOD SERV FUND	25,716.20	25,338.30	-	51,054.50	-
<u>INTERNAL SERVICE FUNDS (X)</u>					
820 INT SERV-IGHCP INS	953,835.86	2,734,331.51	2,738,478.39	949,688.98	958,946.29
821 INT SERV-WK COMP SLF INS	(412,950.92)	-	-	(412,950.92)	(449,290.67)
823 INT SERV-411 BEN (ACTIVE)	436,753.27	-	-	436,753.27	393,371.47
824 INT SERV-PR SINKING	708,798.90	33,023.17	-	741,822.07	655,662.10
825 INT SERV-ARENA CPIMPRV	111,625.14	50,000.00	18,050.00	143,575.14	247,980.97
826 INT SERV-EQUIP DEPR-PW	523,335.25	-	-	523,335.25	393,286.25
TOTAL-INTERNAL SERVICE FUNDS	2,321,397.50	2,817,354.68	2,756,528.39	2,382,223.79	2,199,956.41
<u>CAPITAL PROJECT FUNDS (Z)</u>					
301 CAP PROJ-MISCELLANEOUS	1,117,997.86	440,833.81	2,310,401.93	(751,570.26)	316,406.95
321 CAP PROJ-MISC CD PRJS	(971,703.51)	955,847.58	1,669,449.13	(1,685,305.06)	-
302 CAP PROJ-AVE G VIADUCT	2,063,255.65	30,718.29	465,241.58	1,628,732.36	2,377,392.59
309 CAP PROJ-RAILROAD CROSS	47,445.13	3,617.93	12,782.19	38,280.87	61,515.01
305 CAP PROJ-GO BOND 05-A	-	-	-	-	3,110.82
306 CAP PROJ-GO BOND 06	(432,698.39)	-	314,545.48	(747,243.87)	(488,949.63)
307 CAP PROJ-GO BOND 07-A	2,587,937.16	-	666,467.11	1,921,470.05	4,399,396.42
310 CAP PROJ-EAST BELTWAY	6,314.18	110,426.42	101,921.76	14,818.84	156,068.99
311 CAP PROJ-GO BND METRO XNG	-	-	-	-	-
313 - CAP PROJ-GO BOND 08	2,890,979.48	303,938.70	852,570.42	2,342,347.76	4,309,390.76
314 - CAP PROJ-GO BOND 09	5,610,766.54	151,556.44	2,792,037.18	2,970,285.80	-
TOTAL-CAPITAL PROJECT FUNDS	12,920,294.10	1,996,939.17	9,185,416.78	5,731,816.49	11,134,331.91
TOTAL ALL FUNDS	46,930,609.59	48,764,074.14	53,320,771.36	42,373,912.37	48,425,514.27

**CITY OF COUNCIL BLUFFS
INTER-OFFICE MEMO**

DATE: December 31, 2009
TO: Honorable Thomas P. Hanafan, Mayor
FROM: Linda Andersen, Assistant Finance Director
RE: November 30, 2009 List of Bills

The listing of disbursements to Vendors, net payroll and expenditure transfers shows the following information for the month of November 30, 2009:

Disbursements to Vendor	\$ 6,885,321.47
Net Payroll	1,851,428.07
Expenditure Transfers	2,106,947.33
Void Checks –Prior Period	<u>(3,999.03)</u>
	\$ 10,839,697.84

The payroll figure above is net payroll. The payroll deduction checks are included on the list and in the vendor disbursements total.

All detail relative to the above is on file in the Finance Office.

This is routine information to be received and filed by the City Council.

CITY OF COUNCIL BLUFFSPAYMENTS TO VENDORS: NOVEMBER 2009

<u>VENDOR:</u>		<u>AMOUNT:</u>			
1892 APARTMENTS	TIF REBATE	12,000.00	BAUM HYDRAULICS CORP	EQUIP/PARTS	154.92
2729 WS OMH BRD LLC	TIF REBATE	64,019.68	BECKER JAMES	TRAVEL	28.00
3M COMPANY	SUPPLIES	4,960.00	BEE LINE LAWN CARE	CONTRACT	891.00
A & G COMM CLEANING	CONTRACT	1,140.00	BENNETT GLORIA	REFUND	5.00
A & L HYDRAULICS INC	EQUIP/PARTS	713.11	BENNINGTON EQUIP	SUPPLIES	170.69
A PLUS PRINTING	PRINT/BIND	560.00	BENSON RICK	TRAVEL	67.00
A R A SERVICE CO	REPAIRS	403.40	BEST FINISH AUTO	REIMBURSE	2,182.48
AARON DAVID	FEES	441.00	BIBLIOGRAPHICAL CNTR	SUBSCRPTN	2,866.14
ABSTRACT GUARANTY CO	PRF SRVS	45,393.28	BILL KEENAN'S GLASS	REPAIRS	61.20
ACE CONSTRUCTION	CONSTRUCT	678.94	BILL'S SEWER & DRAIN	CONTRACT	95.00
ACTION BATTERIES	SUPPLIES	415.80	BILL'S WATER COND	SUPPLIES	77.00
ACTION ELECTRIC	CONTRACT	3,310.00	BINGHAM AMANDA	REFUND	50.00
ACTION TARGET	EQUIP/PARTS	370.32	BLACK HILLS IOWA GAS	GAS	9,733.42
ADPI MEDIBANC	CONTRACT	4,743.01	BLUE R D CONSTR	CONSTRUCT	142,687.96
ADVENTURELAND PARK	REIMBURSE	192.00	BLUFFS ELECTRIC	REPAIRS	2,134.00
AFSCME IOWA COUNCIL	EMPE CNTRB	2,256.00	BOGDANYI YOLANDA	REFUND	50.00
AIR CLEANING TECH	EQUIP/PARTS	1,903.15	BOMGAARS	SUPPLIES	2,359.98
AIRGAS NORTH CENTRAL	GAS	188.32	BOUND TREE	MEDICAL	1,433.72
ALBA MARK	REIMBURSE	84.00	BRIDGE TIMOTHY RAY	CONTRACT	520.00
ALEGENT HEALTH	MEDICAL	170.73	BROWN BRENICE	REFUND	15.00
ALL MAKES OFFICE	SUPPLIES	10,034.14	BROWN ROSE	TRAVEL	38.00
ALLIED ELECTRONICS	SUPPLIES	322.07	BROWN TRAFFIC	SUPPLIES	21,294.50
ALLIED OIL & SUPPLY	SUPPLIES	143.20	BRUGENHEMKE ANN	CONTRACT	50.00
AMERICAN AMBULANCE	CONTRACT	13,226.35	BUCKYS EXPRESS	CONTRACT	312.00
AMERICAN CLASSIFIEDS	ADVERTISMT	220.00	BUDD DARREN	TRAVEL	28.00
AMERICAN MESSAGING	TELEPHONE	10.24	BURNS LAW FIRM	PRF SRVS	12,969.72
AMERICAN PLANNING	DUES/MBRSH	379.00	C & J INDUSTRIAL	CONTRACT	180.88
ANDERSON BROTHERS	SUPPLIES	425.00	C J FUTURES	CONTRACT	3,724.29
ANDERSON CLIFTON A	TRAVEL	48.00	C SPECIALTIES INC	SUPPLIES	123.78
APCO VALVE & PRIMER	SUPPLIES	431.26	CAMPBELL KATIE	REFUND	50.00
AQUA-CHEM INC	SUPPLIES	1,028.00	CARLSON RANDALL D	TRAVEL	92.40
ARMSTRONG QUALITY	CONTRACT	320.00	CARPENTER WILLIAM	TRAVEL	118.20
ARROW TOWING	CONTRACT	4,182.50	CARTLEDGE NATHANIEL	REFUND	100.00
ART'S SPRINKLER	REPAIRS	78.00	CASSIDY ROSE	REFUND	50.00
ASP ENTERPRISES INC	EQUIP/PARTS	3,990.50	CATES BECKY	REFUND	50.00
ASPHALT AND CONCRETE	SUPPLIES	1,605.43	CBIA LLLP	DVLP CONTR	8,922.50
ASSOC THREAT ASSESS	TRAINING	185.00	CED	SUPPLIES	371.34
AVAYA FINANCIAL SERV	TELEPHONE	3,107.30	CEDAR VALLEY CORP	CONTRACT	100,953.19
AVAYA INC	TELEPHONE	1,920.48	CENTER POINT LARGE	SUPPLIES	274.98
BACKSTAGE LIBRARY WK	SUBSCRPTN	250.00	CENTRAL STATES WIRE	SUPPLIES	3,744.64
BAILEY AUSTIN	TRAVEL	20.00	CHAMPLIN TIRE	CONTRACT	1,344.00
BAKER & TAYLOR INC	SUBSCRPTN	3,310.00	CHRISTIANS THOMAS	TRAVEL	150.15
BARKER LEMAR & ASSOC	PRF SRVS	3,485.00	CHROMA DESIGN	CONSULTANT	1,500.00
BARNES DISTRIBUTION	SUPPLIES	216.77	CIT TECHNOLOGY	EQUIP/PARTS	199.00
BARONE SECURITY	CONTRACT	1,312.50	CITY OF CARTER LAKE	REIMBURSE	10,855.56
			CLAREY'S SAFETY	SUPPLIES	3,629.50
			CLASSIC CHEVROLET	EQUIP/PARTS	29.03
			CLEAR TITLE & ABSTRA	PRF SRVS	35,000.00

CLERK OF DISTR COURT	EMPE CNTRB	979.84	FACTUAL DATA-MIDWEST	CONTRACT	60.92
CO BLUFFS POLICE DEP	REIMBURSE	800.00	FARM SERVICE COMPANY	FUEL	5,616.95
COHRON READY MIX	SUPPLIES	35,946.77	FASTENAL CORPORATION	SUPPLIES	186.52
COLLECTION SERVICES	EMPE CNTRB	11,278.35	FAUROTE-EGBERS LINDA	PRF SRVS	294.30
COMM WORKERS OF AM	EMPE CNTRB	1,192.66	FEDERAL RESERVE BANK	BANK SERVS	500.00
COMMUNITY HOUSING	PRF SRVS	50,170.98	FEDEX	FRT/POSTGE	42.14
CONTINENTAL ALARM	CONTRACT	92.33	FELD EQUIPMENT CO	EQUIP/PARTS	16,189.10
CONTROL SERVICES INC	REPAIRS	173.75	FENDER DARRELL	REFUND	20.00
COOKE J P COMPANY	SUPPLIES	32.95	FENT CHAD	REIMBURSE	1,168.71
COPYCAT INSTANT PRNT	PRINT/BIND	738.42	FERRELL GAS	PROPANE	586.33
CORIAN SHILOH	REFUND	50.00	FIRST NATIONAL BANK	SUPPLIES	236,742.44
CORNHUSKER TRUCKS	EQUIP/PARTS	1,731.58	FISHER PATTERSON	PRF SRVS	1,238.50
COULTHARD G WILLIAM	PROPERTY	2,333.00	FIT 4 LIFE	CONTRACT	3,000.00
COUNCIL BLUFFS ONLNE	CONTRACT	100.00	FLANNERY JIM	REFUND	50.00
COUNCIL BLUFFS WATER	WATER	9,101.07	FLETCHER JAMES	REFUND	20.00
COUNCIL BLUFFS WINNL	SUPPLIES	139.74	FOX ENGINEERING	ENGINEERNG	84,268.70
COX COMMUNICATIONS	INTERNET	1,854.36	FRENCH TANYA	TRAVEL	70.95
CREDIT CARD CHARGES	SUPPLIES	1,627.67	GALLS INCORPORATED	EQUIP/PARTS	66.86
CROUCH DENA	PRF SRVS	1,445.00	GARDNER TRANSLATION	PRF SRVS	38.10
CSC CREDIT SERVICES	LEASE	50.55	GARST SHERYL	PRF SRVS	1,500.00
CSI/SSP INC	PRINT/BIND	201.70	GAYLORD BROTHERS INC	SUPPLIES	176.59
CUSTOM AUTO REBUILDR	REPAIRS	515.30	GE CAPITAL	LEASE	1,243.86
CUTS PLUS	CONTRACT	1,720.00	GENIE PEST CONTROL	CONTRACT	180.00
D & D CONSTRUCTION	CONSTRUCT	720.00	GENUS	PRF SRVS	6,063.48
DAILY NONPAREIL	ADVERTISMT	2,144.12	GIBBS	REPAIRS	198.48
DAVIS CHRISTINA	REFUND	50.00	GLOBAL TRAFFIC TECH	SUPPLIES	670.00
DELL MARKETING L P	HRD/SOFTWR	5,028.55	GOLDEN DARLA	REFUND	20.00
DEMCO INC	SUPPLIES	192.91	GOODWATER LORETTA	TRAVEL	44.55
DENNIS SUPPLY	SUPPLIES	256.09	GRAINGER	EQUIP/PARTS	1,180.69
DES MOINES REGISTER	SUBSCRPTN	187.84	GRAYBAR ELECTRIC	SUPPLIES	26.86
DIAMOND VOGEL PAINT	SUPPLIES	51.65	GREER LEANN	REFUND	50.00
DICK DEAN SERVICE	REPAIRS	64.95	GROSS DONALD	TRAVEL	150.00
DIESEL SPECIALTIES	EQUIP/PARTS	610.08	GUARDIAN REAL ESTATE	TIF REBATE	21,818.89
DIGITAL NARROWCAST	HRD/SOFTWR	2,609.03	HACH COMPANY	EQUIP/PARTS	258.49
DINGMAN CHRIS	REFUND	50.00	HAGMANN CHRIS	REFUND	100.00
DIVERSE MEDIA INC	SUPPLIES	34.99	HAMMERMEISTER LYNN	REIMBURSE	300.00
DODGE PARK PRO SHOP	REFUND	5,180.83	HAMPTON LYNN	REFUND	50.00
DON SHAFER DISPLAY	SUPPLIES	486.64	HAMSA MARCY	REFUND	20.00
DONE RIGHT CONSTRUC	CONSTRUCT	15,980.00	HANSEN BETH	REFUND	50.00
DOSTALS CONSTRUCTION	CONSTRUCT	391,658.40	HANSEN C T & SONS	CONTRACT	27,950.00
DUNCAN INDUSTRIES	EQUIP/PARTS	5,282.75	HANUSA COMPANY	SUPPLIES	318.36
DYNA-KLEEN SERVICES	CONTRACT	295.00	HARRIS NANCY	REFUND	50.00
ECHO ELECTRIC	SUPPLIES	1,061.57	HARTMANN ANNA	TRAVEL	4.40
ED ROEHR SAFETY PROD	SUPPLIES	1,749.97	HDR ENGINEERING	PRF SRVS	20,817.23
EFTPS	EMP TAXES	413,143.70	HEARTLAND TIRES	SUPPLIES	9,632.11
EMPLOYEE BENEFIT SYS	INSURANCE	553,960.34	HEIMES CORPORATION	SUPPLIES	579.46
ERIKSEN CONSTRUCTION	CONSTRUCT	5,225.00	HELGET SAFETY SUPPLY	SUPPLIES	108.00
EYMAN PLUMBING	CONSTRUCT	71,932.35	HERZOG DIANNE	TRAVEL	104.63
FACTORY MOTOR PARTS	SUPPLIES	116.17	HEWLETT PACKARD	HRD/SOFTWR	1,141.00

HGM ASSOCIATES INC	PRF SRVS	281,461.19	KOOYMAN LAURA	TRAVEL	46.38
HILL ARTHUR W	TRAVEL	204.50	KRAMER BEVERLY	REFUND	20.00
HINKEL HENRY	TRAVEL	40.00	KUNTZ DONNA	REFUND	50.00
HOFFMEIER JOAN	REFUND	50.00	KUSTER RANDY	CONTRACT	3,000.00
HOGUEISON DENNIS	REFUND	20.00	KUSTOM SIGNALS INC	SUPPLIES	232.00
HOLLY DONNA	REFUND	50.00	LADYBUG LAWN	CONTRACT	5,972.50
HOPP DAVID	REFUND	50.00	LAMPE'S AIR FILTER	SUPPLIES	336.20
HOWARD R GREEN CO	CONSULTANT	2,434.93	LARSEN RICHARD	CONTRACT	4,600.00
HUBBARD GEOFFREY	TRAVEL	79.75	LARSEN SUPPLY CO	SUPPLIES	1,122.97
IAPELRA	TRAINING	50.00	LASER SHOT INC	EQUIP/PARTS	49,934.00
ICOP DIGITAL INC	EQUIP/PARTS	63.00	LAUGHLIN KATHLEEN	EMPE CNTRB	412.00
IDALS	DUES/MBRSH	60.00	LAVIN AGENCY	CONTRACT	500.00
INDOFF INCORPORATED	SUPPLIES	1,399.83	LAWSON PRODUCTS	SUPPLIES	1,144.72
INLAND TRUCK PARTS	EQUIP/PARTS	709.78	LEAGUE OF HUMAN DIGN	REIMBURSE	886.76
INSIGHT PUBLIC SECTO	HRD/SOFTWR	9,518.47	LEAZENBY CONSTR	CONSTRUCT	815,120.29
INTERNAL MEDICINE	MEDICAL	650.00	LEGACY HOME DEVELOP	CONTRACT	199.00
INTERNAL REVENUE SRV	EMPE CNTRB	640.78	LEMASTER TERRANCE	TRAVEL	71.00
INTERNATIONAL CODE	SUPPLIES	702.52	LEO A DALY CO	PRF SRVS	2,168.54
INTERNATIONAL PAPER	CONTRACT	216.00	LESIEUR PATRICIA K	CONSULTANT	979.16
INTERSTATE ALL BATRY	SUPPLIES	229.16	LEXISNEXIS	SUBSCRPTN	569.81
IOWA ASSOC CODE ENFO	TRAINING	85.00	LIBERTY BANK	BANK SERVS	157,924.24
IOWA CONCRETE	DUES/MBRSH	40.00	LIEN MARLYS	TRAVEL	174.55
IOWA CRIME PREVENT	DUES/MBRSH	35.00	LIGHTHOUSE UNIFORM	UNIFORMS	779.75
IOWA DEPT NAT RESRC	CONTRACT	525.00	LINWELD	SUPPLIES	2,536.09
IOWA DEPT OF AG	CONTRACT	117.00	LOGAN CONTRACTORS	SUPPLIES	360.25
IOWA DEPT OF REVENUE	EMPE CNTRB	200.00	LUEDER SERVICE CNTR	CONTRACT	102.48
IOWA DEPT OF TRANSP	CONTRACT	2,240.70	M & M LAWN SERVICES	CONTRACT	3,399.87
IOWA HISTORY JOURNAL	BOOK/PRDCL	15.00	M & R WELDING	REPAIRS	2,691.50
IOWA STATE ASSOC COS	DUES/MBRSH	25.00	M F T CONSTRUCTION	CONSTRUCT	373,942.45
IOWA STATE UNIVERSTY	TRAINING	894.00	M-J CARRIAGE SERVICE	CONTRACT	750.00
IOWA WASTE SYSTEMS	CONTRACT	36,127.04	MADSEN TAMRA L	TRAVEL	537.76
IOWA WESTERN COM COL	TRAINING	50,000.00	MANAWA RUGS	CONTRACT	89.20
IRON MOUNTAIN	CONTRACT	44.02	MANGOLD ENVIRONMENT	CONSULTANT	15.00
JEFF'S RIVERSIDE	CONTRACT	169.25	MARCUS SHOES	UNIFORMS	426.00
JENNIE EDMUNDSON	MEDICAL	294.44	MARFISI SARAH	REIMBURSE	339.09
JENSEN TIRE COMPANY	SUPPLIES	346.12	MARSH RACHEL	REFUND	50.00
JEO CONSULTING	CONSULTANT	4,713.27	MARTIN COLETTE	REFUND	100.00
JIM'S HAULING	CONTRACT	120.00	MAX I WALKER UNIFORM	UNIFORMS	767.83
JOHANNES ADAM	REFUND	15.00	MCCULLOUGH JENNIFER	REFUND	50.00
JOHNSON MARIA	REFUND	50.00	MCCULLOUGH'S TREE	CONTRACT	2,145.00
JUDDS BROTHERS CONS	CONSTRUCT	476,980.20	MCKINNIS ROOFING	REPAIRS	27,132.50
JUSTRITE JANITORIAL	CONTRACT	7,348.00	MCMULLEN FORD	EQUIP/PARTS	1,958.31
KATHY'S TREE & STUMP	CONTRACT	11,271.00	MCQUAY SERVICE INTL	REPAIRS	1,857.00
KDG BROTHERS	CONTRACT	9,389.62	MENARDS	SUPPLIES	290.25
KEY REAL ESTATE	PRF SRVS	245,724.84	METAL LOGOS & MORE	SUPPLIES	263.80
KIMCO METRO CROSSING	TIF REBATE	68,468.50	METRO SERVICES	CONTRACT	5,526.02
KISBY KEITH	REFUND	50.00	MICHAEL TODD AND CO	EQUIP/PARTS	7,707.00
KLW CONSTRUCTION CO	TIF REBATE	22,191.82	MID-AMERICA CLEANING	EQUIP/PARTS	720.74
KONICA MINOLTA	LEASE	823.08	MID-CONTINENT SAFETY	EQUIP/PARTS	152.85

MIDAMERICAN ENERGY	ELECTRICTY	97,553.23	POTTCO CLERK OF COUR	COURT COST	1,136.00
MIDLAND SCIENTIFIC	SUPPLIES	566.31	POTTCO RECORDER	FEES	716.00
MIDSTATES BANK NA	BANK SERV	95,446.33	POTTCO TREASURER	FEES	2,436.66
MIDWEST COATINGS	REPAIRS	14,163.20	PRAIRIE CONSTRUCTION	CONSTRUCT	136,695.16
MIDWEST LABORATORIES	CONTRACT	446.96	PRECISION INDUSTRIES	EQUIP/PARTS	26.22
MIDWEST RIGHT OF WAY	PRF SRVS	325.00	PRIMROSE OF CO BLUFF	TIF REBATE	46,442.00
MILLER DEBRA	REIMBURSE	9.37	PRO-SAFE FIRE TRAIN	EQUIP/PARTS	6,920.00
MILLS COUNTY SHERIFF	REIMBURSE	1,364.37	PROGRESSIVE BUSINESS	SUBSCRPTN	195.50
MLYNARIK JAMES	REFUND	70.00	PRUITT INCORPORATED	REPAIRS	141.45
MONARCH OIL	SUPPLIES	66.50	PURITAN MANUF	SUPPLIES	470.00
MOONEY CONSTRUCTION	CONTRACT	2,060.00	QWEST	TELEPHONE	12,837.08
MORGAN STACEY	REFUND	15.00	R L CRAFT COMPANY	REPAIRS	7,352.00
MOSES HARRY	REFUND	50.00	RACOM CORPORATION	EQUIP/PARTS	327.95
MUNICIPAL EMERGENCY	EQUIP/PARTS	705.01	RADFORD ROBERT	TRAVEL	51.00
MUNICIPAL HOUSING	INSURANCE	2,384.52	RANDOM HOUSE INC	SUPPLIES	516.80
MURPHY JENNIFER	REFUND	50.00	RAPP TED & SARAH	REFUND	100.00
NAPA AUTO PARTS	SUPPLIES	4,327.95	RASMUSSEN ROBERT	REFUND	50.00
NATIONAL SOC PRF ENG	DUES/MBRSH	344.00	READY MIXED CONCRETE	SUPPLIES	4,455.00
NEBRASKA FURNITURE	EQUIP/PARTS	1,558.95	RECORDED BOOKS INC	SUPPLIES	1,840.67
NEBRASKA MACHINERY	EQUIP/PARTS	2,000.92	RED BARN INNOVATIONS	EQUIP/PARTS	6,550.00
NEXTEL PARTNERS	CELL PHONE	454.52	RED RIVER SERVICE	CONTRACT	210,719.40
NOVA HEALTH EQUIP	EQUIP/PARTS	2,995.00	REFRIGERANTS INC	SUPPLIES	67.95
NUSTYLE DEVELOPMENT	TIF REBATE	30,811.45	REGENT BOOK CO	SUPPLIES	25.32
O'GRADY TERRY	PRF SRVS	595.00	RESPOND FIRST AID	MEDICAL	57.35
O'KEEFE ELEVATOR	CONTRACT	369.56	REVIVAL ANIMAL HLTH	MEDICAL	1,035.86
O'REILLY AUTO PARTS	SUPPLIES	575.13	RICHARDSON-WATTS	CONTRACT	45.00
OCE' IMAGISTICS INC	LEASE	1,715.53	RITTER & JUSTESEN CO	CONTRACT	693.00
OFFICE DEPOT SERVICE	SUPPLIES	502.66	RIVER PARK APARTMENT	TIF REBATE	80,101.50
OLD DOMINION BRUSH	EQUIP/PARTS	1,998.00	ROBERTS DANIEL	TRAVEL	40.00
OMAHA COMPOUND CO	SUPPLIES	567.87	RODDY FRANCES	REFUND	30.00
OMAHA DOOR & WINDOW	REPAIRS	116.39	ROSE EQUIPMENT INC	EQUIP/PARTS	184.74
OMAHA TRACTOR	EQUIP/PARTS	1,485.00	RUEHLE CYNTHIA	REFUND	50.00
OMAHA WORLD HERALD	ADVERTISMT	550.84	RUETERS RED POWER	SUPPLIES	303.72
OPINION TRIBUNE	ADVERTISMT	28.94	RUSSELL CATHERINE	TRAVEL	27.59
OSBORNE JEFFREY	CONTRACT	4,498.00	SALUK MICHELLE	REFUND	50.00
OUTDOOR RECREATION	SUPPLIES	2,930.30	SANDAU BROS SIGN CO	CONTRACT	431.00
OVERTON SUELLEN	CLAIMS-LAW	3,390.98	SAPP BROS PETROLEUM	FUEL	27,570.93
PANGELINA ALDON P	TRAVEL	305.80	SASAKI ASSOCIATES	CONSULTANT	325,254.79
PATRICK INSULATION	REPAIRS	575.00	SCHEMMER ASSOCIATES	CONSULTANT	13,000.00
PELLETIER IAN & CHER	REFUND	50.00	SCHILDBERG CONSTRUC	SUPPLIES	3,939.87
PEOPLES NATL BANK	REIMBURSE	17.82	SCHLESSELMAN LAURA	REFUND	15.00
PETERBILT	EQUIP/PARTS	266.05	SCHOENING ROBERT	TRAVEL	20.00
PETERSON BARBARA	TRAVEL	430.85	SCHULL SARAH	REFUND	70.00
PGM SERVICE CORP	CONTRACT	4,393.00	SEARLE PETROLEUM	SUPPLIES	66.96
PICKETT SARA	REFUND	50.00	SECURITY SOUND	REPAIRS	771.50
PIONEER RESEARCH	SUPPLIES	430.16	SHADDEN KENT	REFUND	20.00
PITNEY BOWES	EQUIP/PARTS	3,959.00	SHADE TINA	REFUND	50.00
PLC LAWN LANDSCAPING	CONTRACT	275.00	SHERBONDY'S	CONTRACT	7,730.00
POTTCO AUDITOR	CONTRACT	54,744.04	SILVERSTONE RISK SRV	INSURANCE	16,503.75

SIXTH AVE ELECTRONIC	EQUIP/PARTS	176.24	WINNEBAGO TRANSPORT	INTERNET	90.90
SMITH CARI	REFUND	100.00	WISE BEVERLY	TRAVEL	140.00
SMITH DAVIS & ABEL	INSURANCE	289.00	WOELLHOF DAN	TRAVEL	47.85
SMITH TIM	REFUND	50.00	WOOD COURTNEY	REFUND	50.00
SMITHS DETECTION INC	EQUIP/PARTS	10,500.00	WOODHOUSE AUTO	EQUIP/PARTS	191.32
SNYDER & ASSOCIATES	PRF SRVS	17,701.00	YELLOW BOOK USA	ADVERTISMT	528.00
SPARTAN MOTORS INC	EQUIP/PARTS	80.48	ZEP MANUFACTURING	SUPPLIES	560.97
STANDARD INSURANCE	INSURANCE	5,971.27	ZOLL MEDICAL CORP	SUPPLIES	664.56
STAPLES	SUPPLIES	3,311.74	DISBURSEMENTS TO VENDORS		6,885,321.47
STERN OIL INC	SUPPLIES	882.73	NET PAYROLL		1,851,428.07
STOLZ RACHEL	TRAVEL	31.90	TRANSFERS		2,106,947.33
STRINE STEPHANIE G	REFUND	24.00	VOID CKS-PRIOR PERIOD		(3,999.03)
SUNSOURCE	REPAIRS	514.24	TOTAL		10,839,697.84
SVOBODA MALLORY	REFUND	50.00			
TED'S MOWER SALES	EQUIP/PARTS	66.33			
THERMO KING	SUPPLIES	242.38			
THIELE GEOTECH INC	PRF SRVS	2,812.50			
TITAN MACHINERY	EQUIP/PARTS	3,197.22			
TOUCHBOARDS.COM	EQUIP/PARTS	4,516.66			
TOYNE INC	EQUIP/PARTS	615.98			
TRANE	REPAIRS	925.00			
TRANS ALARM	CONTRACT	69.00			
TREAS STATE OF IOWA	SALES TAX	4,366.00			
TRI MUTUAL AID FIRE	DUES/MBRSH	150.00			
TURNER TIMOTHY	CONTRACT	441.00			
U S ASPHALT	SUPPLIES	1,661.07			
ULTRAMAX AMMUNITION	SUPPLIES	3,380.00			
ULVERSCROFT LARGE PR	SUPPLIES	71.96			
UNITED CREDIT UNION	EMPE CNTRB	52,488.00			
UNITED PARCEL SERV	FRT/POSTGE	39.27			
UNITED STATES POST	FRT/POSTGE	185.00			
UNITED WAY MIDLANDS	EMPE CNTRB	373.00			
UPTOWN STAFFING	CONTRACT	48,741.52			
V & V CONSTRUCTION	REPAIRS	250.00			
VAN WALL TURF	EQUIP/PARTS	27.34			
VANGUARD ID SYSTEMS	SUPPLIES	771.69			
VERIZON WIRELESS	CELL PHONE	2,977.16			
VESSEY KIMBERLY	REFUND	23.50			
VETERINARY DIAGNOST	MEDICAL	160.00			
VOICE & DATA SYSTEMS	TELEPHONE	210.00			
WADE RICHARD	TRAVEL	199.00			
WASTE CONNECTIONS	CONTRACT	3,399.13			
WASTE MANAGEMENT	CONTRACT	1,145.13			
WATER ENGINEERING	CONTRACT	236.25			
WEBER SHANNON	REFUND	50.00			
WEIHS SALLY	REFUND	50.00			
WESTERN ENGINEERING	CONSTRUCT	116,095.34			
WESTERN IOWA LAND	TIF REBATE	4,318.74			
WINCHESTER DAN	REFUND	50.00			

Salvage Yard License Application

Business Name: ALTER METAL Recycling Date: 12/21/09
Business Address: 2623 94 Ave Phone: 712 328 2601
Alter Metal Recycling Corp LLC St. Louis Mo 63141-7105
Owners Name: _____ Address: 700 Office Pkwy Phone: 314-872-2400
Type of Business: ☐ Firm If Corporation, List Officers: _____
☒ Partnership Robert Goldstein - Pres
☐ Corporation Jay Robinson - Pres-ans

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: 34-75-44 PT NWSE SLY 648' N of RR ROW exc W329 & 34 PT
VESE COMM 380'S NW CORNER SE 1/4 E 83 311 SE 1/4 SEC 11 E 2C 4115 E 1/4 11 2000 00000000

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): 20,000 sq ft + LONGROW TOWLINE

Will Retail Sales Be Made On Premises? Yes ☒ No ☐

Nature And Type Of Salvage Equipment: Auto shredder, Hydraulic shears
cranes.

What Is Zoning At This Location? Industrial

Has Conditional Use Been Granted Under City Ordinance? Yes No X Not Applicable

If Yes, Give Date: _____ If No, Give Date For Zoning Board Of Adjustment Consideration: _____

I, David Snyder, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

[Signature]

Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00
20,001+ sq. ft. - \$200.00 **Renewal fee - same as original fee**

Consolidated Comments Of Fire, Zoning, Building and Health Officials:

Recommendation To Council Pertaining To Issuance Of License:

Donn Dierks Public Health Director

Approve

Deny

1. **Project Name:** [Project Name]
 2. **Project Number:** [Project Number]
 3. **Project Manager:** [Project Manager]
 4. **Project Sponsor:** [Project Sponsor]
 5. **Project Start Date:** [Project Start Date]
 6. **Project End Date:** [Project End Date]
 7. **Project Budget:** [Project Budget]
 8. **Project Status:** [Project Status]
 9. **Project Description:** [Project Description]
 10. **Project Objectives:** [Project Objectives]
 11. **Project Deliverables:** [Project Deliverables]
 12. **Project Risks:** [Project Risks]
 13. **Project Issues:** [Project Issues]
 14. **Project Milestones:** [Project Milestones]
 15. **Project Stakeholders:** [Project Stakeholders]
 16. **Project Communication Plan:** [Project Communication Plan]
 17. **Project Change Management Plan:** [Project Change Management Plan]
 18. **Project Quality Management Plan:** [Project Quality Management Plan]
 19. **Project Risk Management Plan:** [Project Risk Management Plan]
 20. **Project Issue Management Plan:** [Project Issue Management Plan]
 21. **Project Milestone Management Plan:** [Project Milestone Management Plan]
 22. **Project Stakeholder Management Plan:** [Project Stakeholder Management Plan]
 23. **Project Communication Management Plan:** [Project Communication Management Plan]
 24. **Project Change Management Plan:** [Project Change Management Plan]
 25. **Project Quality Management Plan:** [Project Quality Management Plan]
 26. **Project Risk Management Plan:** [Project Risk Management Plan]
 27. **Project Issue Management Plan:** [Project Issue Management Plan]
 28. **Project Milestone Management Plan:** [Project Milestone Management Plan]
 29. **Project Stakeholder Management Plan:** [Project Stakeholder Management Plan]
 30. **Project Communication Management Plan:** [Project Communication Management Plan]

Date / Time : 12/22/09 10:43

Approve \$ 200.00

Deny # 194325

Book Credit Card No.

12-25 2001

-124-

2016

Salvage Yard License Application

Business Name: C M E T Date: 10-23-09
Business Address: 1201 S 6th street Phone: (402) 677-8049
Owners Name: Gary Griffiths Address: 1201 S 6th St Phone: (402) 677-8049
Type of Business: ☐ Firm ☐ Partnership ☒ Corporation
If Corporation, List Officers: Gary Griffiths
Teresa Lee Griffiths
Jeff Griffiths

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: Riddles sub

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): _____

Will Retail Sales Be Made On Premises? ☐ Yes ☒ No

Nature And Type Of Salvage Equipment: Construction

What Is Zoning At This Location? Commercial

Has Conditional Use Been Granted Under City Ordinance? ☐ Yes ☐ No ☐ Not Applicable
If Yes, Give Date: _____ If No, Give Date For Zoning Board Of Adjustment Consideration: _____

I, Bill Slater, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Bill Slater

Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00
20,001 + sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: _____

Recommendation To Council Pertaining To Issuance Of License: _____

____ Approve

____ Deny

Donn Dierks Public Health Director

____ Approve

____ Deny

2010

Salvage Yard License Application

Business Name: C M E T Date: 12-23-09
Business Address: 1120 10th Ave Phone: (402) 677-8049
Owners Name: Gary Griffiths Address: 1201 56th St Phone: (402) 677-8049
Type of Business: Firm If Corporation, List Officers: Gary Griffiths
Partnership Jane Lee Griffiths
X Corporation

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: Block 29 Rattles Sub.

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): _____

Will Retail Sales Be Made On Premises? Yes X No

Nature And Type Of Salvage Equipment: Construction

What Is Zoning At This Location? Commercial

Has Conditional Use Been Granted Under City Ordinance? Yes No Not Applicable
If Yes, Give Date: _____ If No, Give Date For Zoning Board Of Adjustment Consideration: _____

I, Bill Slader, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Bill Slader Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: _____

Recommendation To Council Pertaining To Issuance Of License: _____

Approve

Deny

Approve

Deny

Donn Dierks Public Health Director

2010

Salvage Yard License Application

Business Name: Council Bluffs Recycling Center

Date: 12/29/2009

Business Address: 4441 Gifford Road

Phone: 328-4985

Owners Name: City of Council Bluffs

Address: 209 Pearl St

Phone: 328-4666

Type of Business: Firm

If Corporation, List Officers: _____

Partnership

Corporation

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: SECTION 14-74-44 S460' NW NW

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): _____

569,764 sqft

Will Retail Sales Be Made On Premises? X Yes No

Nature And Type Of Salvage Equipment: See Attached

What Is Zoning At This Location? I-2 General Industrial

Has Conditional Use Been Granted Under City Ordinance? X Yes No Not Applicable

If Yes, Give Date: _____ If No, Give Date For Zoning Board Of Adjustment Consideration: _____

I, Tony Fiala, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Tony Fiala Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: _____

Recommendation To Council Pertaining To Issuance Of License: _____

Approve

Deny

Donn Dierks Public Health Director

Approve

Deny

2010

Salvage Yard License Application

Business Name: HEIMES CORP. Date: 12-23-2009

Business Address: 259 . 29TH AVE Phone: (402)894-1000

Owners Name: _____ Address: _____ Phone: _____

Type of Business: Firm If Corporation, List Officers: _____
XX Partnership _____
Corporation _____
Raymond G. Heimes, President
Thomas F. Heimes, VP/Secretary

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa. ✓

Legal Description Of The Property: _____

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): _____
20,000 Sq Ft +

Will Retail Sales Be Made On Premises? XX Yes No

Nature And Type Of Salvage Equipment: Wheel Loader, Crushing Plant, Screening Plant used for loading broken concrete in to crushing equipment and recycling to make usable product.

What Is Zoning At This Location? Commercial

Has Conditional Use Been Granted Under City Ordinance? Yes No XX Not Applicable
If Yes, Give Date: _____ If No, Give Date For Zoning Board Of Adjustment Consideration: _____

I, Lee Van Hoosen, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Lee V. C. Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: _____

Recommendation To Council Pertaining To Issuance Of License: _____

Donn Dierks Public Health Director

7.D.

Approve

Deny

CITY OF COUNCIL BLUFFS

Date / Time: 12/29/09 08:36

Approve: \$ 200.00

Deny: 194542

Check/Credit Card #: 12949

Clerk: palbright

-128-

2010

Salvage Yard License Application

Business Name: Hi-Way 92 Salvage Date: 12/29/09

Business Address: 3629 Richland Drive Phone: 366-2281

Owners Name: Blaine Schoening Address: 3629 Richland Dr. Phone: 366-2281

Type of Business: ☒ Firm If Corporation, List Officers: _____

Partnership

Corporation

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: Lots 16-17 County Club Acres Subdivision of Section 12, Township 14 Range 4 in Pott County

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): 82,800
230 x 360 2 lots

Will Retail Sales Be Made On Premises? ☒ Yes ☐ No

Nature And Type Of Salvage Equipment: Hand tools

What Is Zoning At This Location? General manufacturing

Has Conditional Use Been Granted Under City Ordinance? ☒ Yes ☐ No ☐ Not Applicable

If Yes, Give Date: Oct 1989 If No, Give Date For Zoning Board Of Adjustment Consideration: _____

I, Blaine Schoening, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Blaine Schoening Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: _____

Recommendation To Council Pertaining To Issuance Of License: _____

Approve

Deny

CITY OF COUNCIL BLUFFS

Date / Time : 01/04/10 14:27

Approve : \$ 200.00

Deny Receipt # : 194908

Check/Credit Card #: 16812

Clerk : palbright

Donn Dierks Public Health Director

7.D.

-129-

-130-

***City of Council Bluffs
2010***

***License Application
for
RUBBLE DUMP
(Fee: \$500.00)***

Date: December 22, 2009

Name of Applicant: Oak Ridge Company of C.B., IA

Name of Person Applying for License: Greg Negus

Address of Applicant: 1900 River Road Council Bluffs, IA 51501

Phone Number of Applicant: 455-9217

Name of Design or Consulting Engineer: HGM Associates

Address of Engineer: P O Box 919 Council Bluffs, IA 51502-0919

Phone Number of Engineer: 323-0530

(Items below may be submitted as an attachment provided all are answered.)

1. **Legal description of proposed fill are:** See Attached
2. **Common address or location of site:** 1900 River Road Council Bluffs, IA
3. **Description of operation sequence and plan. Type of materials to be placed and the ultimate use of the site:** Dump debris filling to the North concrete, dirt and asphalt
4. **Type and capacity of equipment to be utilized for and during rubble fill operations:** D6 Dozer, D8 Dozer or 977 Loader

CITY OF COUNCIL BLUFFS
Date / Time : 01/04/10 14:26
Payment : \$ 500.00
Receipt # : 174905
Check/Credit Card #: 4036
Clerk : palbright

5. Existing and proposed roadways, easements and utilities:
Future street & utility corridor along levee
6. Existing topography and watercourses, together with a diagram and written statement explaining the proposed location and extent of earth work and fill operations including final evaluations: (Attachment is appropriate.)
7. ^{See attached plan}
Proposed measures to control storm drainage:
Berms and ditching
8. Estimated volume to be placed in the fill area: 37,500 cy
9. Hours and days of the week rubble fill will be in operation and open to the public: Monday - Friday 8:00 am - 4:30 pm
10. Cover material. Please describe the work area from which weekly cover material will be stockpiled/removed: 750 x 80 on North property line
11. Names and address of the last known owners of property within five hundred (500) feet of location of anticipated rubble fill operation, as shown by County realty property tax records: Ameristar Casino 2200 River Road Council Bluffs, IA
IDOT 800 Lincoln Way Ames, IA 50010
12. Addresses of all occupied building on property within five hundred (500) feet of anticipated rubble fill operations: None
13. Type of visual barriers, if any, to screen operations of rubble fill: Trees & proposed screening berm on East side, RR berm on N, proposed screening berm on West
14. A surety bond of five thousand dollars (\$5,000.00) per acre of portion thereof used during the course of a year.
15. Name of firm to provide bond: Holmes Murphy & Associates

Signed: _____

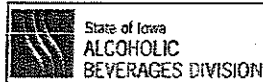
[Signature] Pnes

Witness: _____

[Signature]

Date: _____

12/22/09



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Renewal

CITY CLERK'S OFFICE

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Applicant LC0035796, Goofy's, Council Bluffs

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen. The navigation links on the top may also be used to move around the application.

Name of Applicant:	Council Bluffs Investment Inc (Sole Proprietorship, Partnership, Corporation, etc.)		
Name of Business (DBA):	Goofy's		
Address of Premises:	607 S 21st St		
Address Line 2:			
City:	Council Bluffs		
County:	Pottawattamie		
Zip:	51501		
Business Phone:	(712) 322-9817	Cell / Home Phone:	(712) 310-8554
<input type="checkbox"/> Same Address			
Mailing Address:	1325 23rd Ave		
Mailing Address Line 2:			
City:	Council Bluffs		State: Iowa
Zip:	51501		
Contact Name:	Ed Rutledge		
Phone:	(712) 328-3533	Email Address:	edr2616@aol.com

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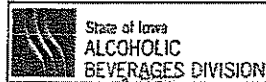


Contact Us

Iowa Alcoholic Beverages Division
 1918 SE Hulsizer Road, Ankeny, IA 50021
 Toll Free 866.IowaABD (866.469.2223)
 Local 515.281.7400

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Applicant LE0001285, Target Store T-2454, Council Bluffs

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Name of Applicant:	Target Corporation (Sole Proprietorship, Partnership, Corporation, etc.)	
Name of Business (D/B/A):	Target Store T-2454	
Address of Premises:	3504 Metro Dr	
Address Line 2:		
City:	Council Bluffs	
County:	Pottawattamie	
Zip:	51503	
Business Phone:	(712) 309-3380	Cell / Home Phone: (612) 761-5541
Mailing Address:	Same Address	
Mailing Address Line 2:	1000 Nicollet Mall, TPN-0910	
City:	Minneapolis	State: Minnesota
Zip:	55403	
Contact Name:	Carole Helmin	
Phone:	(612) 761-1015	Email Address: Carole.Helmin@target.com

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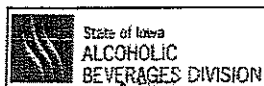


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Applicant BC0028979, Woods Sporting Goods, Council Bluffs

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen. The navigation links on the top may also be used to move around the application.

Name of Applicant:	Modlin Sports Inc. (Sole Proprietorship, Partnership, Corporation, etc.)	
Name of Business (D/B/A):	Woods Sporting Goods	
Address of Premise:	531 W South Omaha Bridge Rd	
Address Line 2:		
City:	Council Bluffs	
County:	Pottawattamie	
Zip:	51501	
Business Phone:	(712) 366-0444	Cell / Home Phone: (401) 660-1463
Same Address		
Mailing Address:	531 W South Omaha Bridge Rd	
Mailing Address Line 2:		
City:	Council Bluffs	State: Iowa
Zip:	51501	
Contact Name:	Vickie Modlin	
Phone:	(402) 660-1463	Email Address: vickiemodlin@qwestoffice.net

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12/18/09
Court House

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period 12/21/09, 20 10 through June 30, 20 10

PLEASE TYPE OR PRINT LEGIBLY

Please mail this completed application to your local jurisdiction. If you have questions, call your City Clerk (within city limits) or your County Auditor (outside city limits).

I/We hereby make application for a retail permit to sell cigarettes and tobacco products:

BUSINESS INFORMATION

Name of Business/DBA Dannah's
Location Address (Must Have) 3607 9th Ave Council Bluffs Ia 51501
Mailing Address 3607 9th Ave City Council Bluffs IA Zip 51501
Type of Sales: ☐ Vending Machine ☒ Over-the-counter Telephone Number (712) 322-4949
Type of Retail Establishment:
☐ bar ☒ convenience store - with gas ☐ convenience store - no gas ☐ drug store ☐ gas station
☐ grocery ☐ hotel/motel ☐ liquor store ☐ restaurant ☐ tobacco store
☐ other _____

Cigarettes must be sold at the minimum price set by the State of Iowa. Obtain a current copy from the Iowa Department of Revenue Web site at www.state.ia.us/tax or from TaxFax at 1-800-572-3943 (enter form number 71023).

ONLY APPROVED BRANDS OF CIGARETTES OR ROLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA

Any brand not on the list is contraband. In addition, all cigarettes sold in Iowa must have an Iowa Cigarette Tax Stamp affixed to each package. Any violation of contraband or non-Iowa cigarette tax stamped package is subject to seizure and penalties under the provisions of Iowa Code 453A and 453D.

The list of approved brands is always current at <http://www.state.ia.us/tax/business/CigTobIndex.html> and is called IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS MANUFACTURERS — THEIR BRANDS AND BRAND FAMILIES

Go to <http://elists.idrf.state.ia.us/scripts/wa.exe> and sign up for the Cigarette/Tobacco E-list.

You will receive an e-mail every time the approved list changes or the minimum price changes.

LEGAL OWNER INFORMATION

Type of Ownership: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ LLP

Legal Owner Kelly O's Inc
(Name of Individual Partnership, Corporation, LLC, or LLP)

Mailing Address 3607 9th Ave
City Council Bluffs State Ia Zip 51501 Ph Number (712) 322-4949
Fax Number (712) 388-2148 E-mail Address kluet@cox.net

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes and tobacco products.

SIGNATURE OF OWNER, PARTNER(S), OR CORPORATE OFFICIAL

Name (please print): Kelly E Cabert Name (please print): _____
Signature: [Signature] Signature: _____
Date 1/19/09 Date _____

FOR OFFICE USE ONLY

Amount Paid _____
Date Issued _____ ☐ New
Permit # _____ ☐ Renewal

FOR CITY CLERK/COUNTY AUDITOR ONLY
PLEASE SEND COMPLETED COPY TO THE IOWA
DEPARTMENT OF PUBLIC HEALTH